

To All Employees:

The Jacobson Group is committed to your well-being and safety at the workplace. Keeping injuries from happening is our first concern. However, if you do have a work injury, it is our goal to help you recover and return to useful employment as soon as it is medically possible.

The Jacobson Group is utilizing the OneBeacon-Coventry CA MPN as their network of medical providers. The MPN is a Worker's Compensation Provider Network built around Occupational Care Providers.

The MPN will be delivered through Coventry's network of medical providers and facilities. Coventry is a nationally recognized company which specializes in occupational health, disability management and medical cost management.

The MPN includes occupational health clinics and doctors who will provide you with medical treatment. The occupational doctor will also manage your return-to-work with The Jacobson Group.

Under the MPN program, you will be provided:

- a primary treating physician;
- other occupational health services and specialists;
- emergency health care services; and
- medical care if you are working or traveling outside of the geographic services area.

This network has been built to provide you with timely and quality medical care. The MPN is easy to access and is here to provide you with quality medical care, and to assist you to return to health and a productive life.

The MPN Employee Handbook will provide you with the information to help you through your work-related injury or illness.



Dear OneBeacon Policyholder,

OneBeacon is pleased to advise you that our California Medical Provider Network (MPN) is in place. The OneBeacon-Coventry CA MPN utilizes the Coventry network of medical providers and facilities. Coventry is a nationally recognized company that specializes in occupational medicine and workers' compensation services. The Coventry network has been built to provide you and your employees with timely and quality medical care. The MPN is easy to access and is here to assist your injured employees back to health and a productive life.

The OneBeacon-Coventry CA MPN will provide you with:

- Occupational health services and specialists
- Primary care physicians
- Emergency health services; and
- Medical care if your employees are working or traveling outside of the geographic services area.

The Coventry network is one of the largest preferred networks in the State of California. To access the network use the following Web address – www.Concentra.com – and select Provider directories. The client id is concentra. Provider Panels may be printed from this site as well.

Because the California Workers' Compensation law has changed, there are new procedures that need to be followed for employees who have been injured on the job. The following information is designed to guide you through MPN responsibilities and to ensure that your employees receive appropriate notice and information regarding the MPN.

You **must distribute** the following information to each of your **current** employees, and to each **new** employee you hire throughout the year.

Covered Employee Notification of MPN Letter and Medical Provider Network Employee Handbook

- This handbook is designed to provide information and answer questions about the MPN. There is an English and Spanish version of the handbook.
- Please distribute a copy of the handbook to each of your employees promptly.
- New employees must also receive the handbook at time of hire.

Failure to provide employees with the required information may result in loss of medical control of the work related injury/illness.

If you offer a group health plan or insurance, you must advise the employee of his/her right to pre-designate his/her own treating physician rather than use the MPN in the event of a work related injury or illness. If the employee desires to pre-designate his/her own personal physician, the form titled, **"Employee Physician Pre-designation Form,"** must be completed and returned to you. Retain the form in the employee's personnel file.

Acknowledgement of Receipt of New Workers' Compensation Program Material

- Each employee **must** complete and return this form.
- Retain the completed form in the employee's personnel file. At the time of an injury, the OneBeacon claim adjuster may request a copy of this form. For your convenience, a **form** is attached to this communication.

You must retain and have available for review upon employee request for the following information:

OneBeacon's Continuity of Care Policy

- The Continuity of Care Policy details what OneBeacon is required by law to do if a provider that is terminated from the OneBeacon MPN is treating an injured worker.

OneBeacon's Transfer of Care Policy

- The Transfer of Care Policy details what OneBeacon is required to do by law if one of your injured workers is treating with a provider who is not in the MPN when the MPN becomes effective.

These policies are included in the **MPN Employee Handbook**, as well as in the **Site Coordinator Guide**. The Site Coordinator Guide is a tool for you to help administer the MPN program. OneBeacon recommends you designate a Site Coordinator for each location. This may be the employee primarily responsible for the notification of workers' compensation injuries within your company. The name and contact information of your Site Coordinator should be filled in on the MPN Employee Handbook.

Copies of these materials are available in a PDF format on the OneBeacon Web site at www.onebeacon.com under Claim Services in the Tools and Resources section.

Listing of Employees Who Received the MPN Information

The following employees received the MPN information on _____
(Date)

Employee Information:

- | | | | | |
|-----|-----------------------|----------------------|-----------------|----------------|
| 1. | _____ | _____ | _____ | _____ |
| | (Employee First Name) | (Employee Last Name) | (Date of Birth) | (Date of Hire) |
| 2. | _____ | _____ | _____ | _____ |
| | (Employee First Name) | (Employee Last Name) | (Date of Birth) | (Date of Hire) |
| 3. | _____ | _____ | _____ | _____ |
| | (Employee First Name) | (Employee Last Name) | (Date of Birth) | (Date of Hire) |
| 4. | _____ | _____ | _____ | _____ |
| | (Employee First Name) | (Employee Last Name) | (Date of Birth) | (Date of Hire) |
| 5. | _____ | _____ | _____ | _____ |
| | (Employee First Name) | (Employee Last Name) | (Date of Birth) | (Date of Hire) |
| 6. | _____ | _____ | _____ | _____ |
| | (Employee First Name) | (Employee Last Name) | (Date of Birth) | (Date of Hire) |
| 7. | _____ | _____ | _____ | _____ |
| | (Employee First Name) | (Employee Last Name) | (Date of Birth) | (Date of Hire) |
| 8. | _____ | _____ | _____ | _____ |
| | (Employee First Name) | (Employee Last Name) | (Date of Birth) | (Date of Hire) |
| 9. | _____ | _____ | _____ | _____ |
| | (Employee First Name) | (Employee Last Name) | (Date of Birth) | (Date of Hire) |
| 10. | _____ | _____ | _____ | _____ |
| | (Employee First Name) | (Employee Last Name) | (Date of Birth) | (Date of Hire) |

(If necessary, make copies of this page)

Acknowledgement of Receipt of New Workers' Compensation Program Material

I, _____, received the OneBeacon Insurance Company
(Employee Name)
MPN information from my employer, _____, on _____
(Employer Name) (Date)

Employee Information:

(Employee Name – Please Print)

(Employee's Date of Birth) _____
(Employee Date of Hire)

I have read and understand the MPN information given to me.

(Employee Signature) _____
(Date)

(Note to Employer: Retain the completed form in the employee's personnel file)

Employee Physician Pre-Designation Form

If I am injured on the job, I request to be treated by my personal physician, who has treated me before and had my medical treatment records. My employer provides group health benefits or insurance through:

(Group Health Insurance Company Name) (Employer Name) (Work Location)

(Policy Number) (Policy Period)

Employee Information:

(Employee Name – Please Print)

(Employee's Date of Birth) (Employee Date of Hire)

I understand that my physician must agree to act as my Primary Treating Provider under my employer's workers' compensation program for my work-related injury. In the event the above named physician is not appropriate to treat my work-related injury or does not agree to act in this capacity, I will be required to seek care with an MPN physician.

(Employee Signature) (Date)

Your Doctor's Information:

(Doctor's Name – Please Print) (Doctor's Federal Tax Id Number)

(Doctor's Specialty) (Doctor's Telephone Number)

(Doctor's Address)

I hereby certify that I am the above named employee's regular physician, licensed pursuant to Chapter 5 (commencing with section 2000) of division 2 of the Business and Professions Code. I am the above named employee's personal physician and have previously directed the medical treatment of the employee, and I retain the employee's medical records, including his or her medical history. I agree to be pre-designated as this employee's physician in the event of an on-the-job injury.

(Doctor's Signature) (Date)

Formulario Para Pre-Designacion Del Medico Del Empleado

Si yo me lesionase en el trabajo, deseo ser tratado por mi medico personal, quien me ha tratado antes y tiene mi expediente medico. Mi empleador provee un seguro o beneficios de salud colectivos a traves de:

Informacion del Empleado

(Nombre del empleado – EN LETRA DE MOLDE, pro favor)

(Fecha de nacimiento del empleado)

(Fecha del empleadode emplea)

Para poder tartar mi lesion de indole laboral, entiendo que mi medico primero debera aceptar actuar como mi Proveedor Tratante Primario bajo el programa para accidents o enfermedades laborales de mi empleador. En elcaso de que el medico arriba mencionado no sea el apropiado para tartar mi lesion de indole laboral o no acepte actuar bajo tal capacidad, estare obligado a buscar atencion medica con otro medico de la red de proveedores medicos.

Yo acepto las condicioned arriba indicadas.

(Firma del empleado)

(Fecha)

Informacion sobre su Doctor:

(Nombree del doctor- EN LETRA DE MOLDE, por favor)

(Numero de Identificacion de Impuesto Nacional del Doctor)

(Especialidad del Doctor)

(Telefono del Doctor)

(Direccion del Doctor)

Por la presente certifico que soy el medico regular del arriba nombrado empleado y que estoy licenciado para ejercer conforme al Capitulo 5 (comenzado con la Seccion 2000) de la Division 2 del Codigo de Negocios y Profesioness. Soy el medico personal del empleado arriba nombrado y en el pasado he dirigido el tratamiento medico de este empleado y tengo bajo mi resguardo su expediente medico, incluyendo su historia medica. Estoy de acuerdo en ser predesignado como medico de este empleado en caso de una lesion en el trabajo.

(Firma del Doctor)

(Fecha)

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The MPN includes occupational health clinics and doctors who will provide you with medical treatment. The occupational doctor will also manage your return-to-work with your employer.

Under the MPN program, you will be provided:

- a primary treating physician;
- other occupational health services and specialists;
- emergency health care services; and
- medical care if you are working or traveling outside of the geographic services area.

This network has been built to provide you with timely and quality medical care. The MPN is easy to access and is here to provide you with quality medical care, and to assist you to return to health and a productive life.

The MPN Employee Handbook will provide you with the information to help you through your work-related injury or illness.

Medical Provider Network

Employee Handbook

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THE PURPOSE OF THE MEDICAL PROVIDER NETWORK

Injured workers deserve timely, quality medical care. The Medical Provider Network (MPN) is a network of doctors and hospitals who understand how to diagnose and treat work-related injuries. These providers are committed to improving your physical well-being and returning you to useful employment.

The MPN has at least 3 physicians of each specialty expected to treat common injuries experienced by the injured employees based on the type of occupation or industry in which the employee is engaged and within the access standards set forth 8 CCR 97.67.5 (b) and (c).

The MPN is not just for medical treatment. It will also help you to return to work after an injury or illness. The MPN's main purpose is to help employees who are injured or become ill on the job to return to work safely and as soon as possible. You may be assigned a specially trained nurse or vocational specialist to work with you, your employer, your insurance carrier and your doctor to help you recover from your injury or illness and help you return to work.

Your MPN should be used only for injuries and illnesses covered under your employer's workers' compensation plan. If you are injured at work, unless you have predesignated a doctor or you have received authorization to have treatment outside of the MPN, you must use the doctors, clinics, hospitals and other medical providers who are part of the MPN.

Please refer to the next page for specific instructions on how to access the MPN.

HOW TO ACCESS THE MPN

Your employer has designated a Site Coordinator to help you use the MPN if you are injured or ill on the job. This person should be your first contact if you have questions about the MPN or your workers' compensation coverage. See page 6 for your Site Coordinator.

MPN providers can also be located using the internet website www.Concentra.com. Select Provider Directories at bottom of the home page. Client id code is concentra.

Description of services

Your employer is responsible for providing medical care including:

- a primary treating physician within 30 minutes or 15 miles of your residence or work place;
- other occupational health services and specialists within 60 minutes or 30 miles of your residence or work place;
- access to medical care in rural areas;
- emergency health care services;
- medical care if you are working or traveling outside of the geographic service area or temporarily reside outside of the service area during recovery; and
- medical care if you no longer work for your employer, live outside of the service area and your employer has ongoing workers' compensation obligations.

Report your injury immediately

In the event of an emergency (defined below on this page), or if urgent care is needed, please seek medical attention from the nearest hospital or urgent care center. *Once you have received care, let your Site Coordinator know as soon as possible.*

If your job-related injury or illness is not an emergency, please let your Site Coordinator know before seeing a doctor.

If you are treated away from your home or workplace, upon your return to your geographic location, you must let your Site Coordinator know. Your Site Coordinator will provide you with a listing of the MPN doctors if you require additional medical care.

Definition of “emergency health care services”

“Emergency Health Care Services” or “Urgent Care” is defined as health care services for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient’s health in serious jeopardy.

The MPN is ONLY for work-related injuries or illnesses. You should not seek medical treatment from the MPN without telling your Site Coordinator. Remember, if you need emergency treatment go to the nearest hospital. Never delay seeking medical treatment if you are seriously injured or ill.

Selecting a medical provider

Your employer must arrange for an initial medical evaluation and begin treatment, if appropriate. However, you have a right to be treated by a MPN physician of your choice after the first visit. As a patient in the MPN, you have the right to see a doctor close to your home or workplace. If you have to travel more than 15 miles or 30 minutes to see your treating doctor or 30 miles or 60 minutes to see a specialist, you should tell your MPN contact. If you live in a rural area, the travel distance and/or travel time may be greater than the timeframes listed above.

The alternative standards provide that all services will be available and accessible at reasonable times to all covered employees with a residence or work place beyond 30 miles of a MPN health facility from an out of network, non contracted provider.

The instructions below will help you to choose a doctor.

For an emergency, or urgent care situation, go directly to the nearest emergency room.

For non-urgent care, do the following:

After reporting your injury to your Site Coordinator, your Site Coordinator will give you the name of a doctor for an initial medical evaluation and you may begin treatment, if necessary. You may continue using this designated doctor after the initial evaluation or you may choose another MPN doctor by:

1. Contacting your Site Coordinator who has a complete listing of all MPN providers; or
2. Your employer may have a list of providers posted at your job site.

What to do if you have trouble getting an appointment

If you have trouble getting an appointment for non-emergency services with a MPN doctor within 3 business days or an MPN specialist doctor within 20 business days of your employer’s receipt of a request, you should seek assistance from your MPN contact. Your MPN contact will work with the MPN to assist you in getting an appointment in a timely manner.

The following is the MPN Applicant’s written policy for arranging or approving non-emergency medical care for;

- (A) a covered employee authorized by the employer to temporarily work or travel for work outside of the MPN geographic service area when the need for medical care arises.
- (B) a former employee whose employer has an ongoing workers’ compensation obligations and who permanently resides outside the MPN geographic service area; and

- (C) an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery.

When an employee has a work-related non-emergent injury or illness outside of the service area, the employee should notify the employer and seek treatment at the closest occupational health or primary care clinic to the patient.

In the event of an emergency or if urgent care is needed, the employee should seek medical attention from the nearest hospital or urgent care center. If feasible, the employee or a personal representative should report his/her injury/illness within 24 hours of receiving treatment.

Once the injured/ill employee returns to the service area, medical care will be transferred to a provider within the MPN.

Former employees of an employer with a workers' compensation obligation or employees that temporarily elect to reside outside of the MPN geographic service area will have a choice of at least three physicians outside the MPN geographic service area who either have been referred by the employee's primary treating physician within the MPN or have been selected by the MPN Applicant. In addition to the physicians within the MPN the employee may change physicians among the referred physicians and may obtain a second and third opinion from the referred physicians.

The written policy for the employees listed above shall provide a choice of at least 3 physicians outside the MPN geographic service area who either have been referred by the employee's primary treating physician within the MPN or have been selected by the MPN applicant. In addition to physicians within the MPN the employee may change physicians among the referred physicians and may obtain a second or third opinion from the referred physicians pursuant to 8 CCR 9767.5(e)(2) and described below.

Referred physicians shall be located within the access standards described in 8 CCR 9767.5(c) and (d) pursuant to 8 CCR 9767.5 (e)(3).

CHANGING PROVIDERS & SECOND OPINIONS

Changing your provider

You have the right to change your doctor if you are not happy with the doctor treating your work-related injury or illness. However, medical treatment must be provided inside the MPN. To get a listing of MPN doctors in your area, or a full provider directory contact your Site Coordinator.

How to obtain a referral to a specialist

If your treating physician cannot provide you the care needed for recovery, he or she will refer you to an MPN specialist that is appropriate to address your particular injury or illness. If your treating physician refers you to a specialist that is not available in the MPN, you may select a specialist from outside the MPN. To obtain information about seeing a specialist in your geographic area, you should contact your Site Coordinator who can provide you with a listing of MPN specialists near your home or work place or a full provider directory is also available upon request.

How to use the second and third opinion process

If you dispute either the diagnosis or the treatment that is recommended by the treating physician, you may obtain a second and third opinion from physicians within the MPN. During this process, you must continue your treatment with your treating physician within the MPN or change to another physician of your choice within the MPN.

For obtaining a second opinion, it is your responsibility to:

1. inform the MPN contact that you dispute the treating physician's opinion and you are requesting a second opinion. You may do this orally or in writing;
2. select a physician or specialist from a list of available MPN providers;
3. make an appointment with the second physician within 60 days; and
4. inform the MPN contact of the appointment date.

For obtaining a second opinion, it is your MPN contact's responsibility to:

1. provide a regional area listing of MPN providers and/or specialists for you to select a second opinion physician based on the specialty or recognized expertise in treating your injury or condition in question and inform you of your right to request a copy of the medical records that will be sent to the second opinion physician;
2. contact your treating physician;
3. provide a copy of the medical records or send the necessary medical records to the second opinion physician prior to the appointment;
4. provide a copy of the records to you upon request; and
5. notify the second opinion physician in writing that he/she has been selected to provide a second opinion and the nature of the dispute
6. provide a copy of written letter informing the second opinion physician of the dispute to the employee

If you do not make an appointment with a second opinion physician within 60 days of receiving the list of available MPN providers, then you will not be able to obtain a second opinion regarding the diagnosis or treatment in dispute.

If after your second opinion physician reviews your medical records, he/she determines that your injury is outside the scope of his/her practice, the second opinion physician will notify you and your MPN contact so your MPN contact can provide a new list of MPN providers.

If you disagree with either the diagnosis or treatment prescribed by the second opinion physician, you may seek the opinion of a third physician within the MPN.

For obtaining a third opinion, it is your responsibility to:

1. inform your MPN contact that you dispute the treating physician's opinion and you are requesting a third opinion. You may do this orally or in writing;
2. select a physician or specialist from a list of available MPN providers;
3. make an appointment with the third physician within 60 days; and
4. inform the MPN contact of the appointment date.

For obtaining a third opinion, it is your MPN contact's responsibility to:

1. provide a regional area listing of MPN providers and/or specialists for you to select a third opinion physician based on the specialty or recognized expertise in treating your injury or condition in question and inform you of your right to request a copy of the medical records that will be sent to the second opinion physician;
2. contact your treating physician;
3. provide a copy of the medical records or send the necessary medical records to the third opinion physician prior to the appointment;
4. provide a copy of the records to you upon request;
5. notify the third opinion physician in writing that he/she has been selected to provide a third opinion and the nature of the dispute;
6. provide a copy of written letter informing the third opinion physician of the dispute to the employee; and
7. provide you with a written description of the Independent Medical Review process.

If you do not make an appointment with a third opinion physician within 60 days of receiving the list of available MPN providers, then you will not be able to obtain a third opinion regarding the diagnosis or treatment in dispute.

If after your third opinion physician reviews your medical records, he/she determines that your injury is outside the scope of his/her practice, the third opinion physician will notify you and your MPN contact so your MPN contact can provide a new list of MPN providers.

The second and third opinion physicians must provide his/her opinion of the disputed diagnosis or treatment in writing and offer alternative diagnosis or treatment recommendations, if applicable. These physicians may order diagnostic testing if medically necessary. A copy of the written report must be given to you, your employer and your treating physician within 20 days of the date of your appointment or receipt of the results of the diagnostic tests, whichever is later. Your employer will allow you to obtain the recommended treatment in the MPN. You may obtain the recommended treatment by changing physicians to the second opinion physician, the third opinion physician or other MPN physician.

If you disagree with either the diagnosis or treatment prescribed by the third opinion physician, you may file with the Administrative Director a request for an Independent Medical Review.

How to obtain an Independent Medical Review

You must obtain a second and third opinion before you can request an Independent Medical Review. If you disagree with either the diagnosis or treatment prescribed by the third opinion physician, you may file with the Administrative Director a request for an Independent Medical Review.

You may obtain an Independent Medical Review by submitting an application to the Administrative Director. You may obtain an application form from your MPN contact. You will be provided an IMR application at the time of the selection of a third opinion. The Administrative Director will assign the independent medical reviewer.

Your MPN contact will provide the independent medical reviewer with all information that was considered in regards to the disputed treatment or diagnostic service, including a copy of the following:

1. all correspondence from, and received by, any treating physician who provided you with treatment or diagnostic service; and
2. all medical records and other information used by the physicians in making a decision regarding the disputed treatment or diagnostic service.

The independent medical reviewer must conduct a physical examination or a medical record review based on your choice. It is your right to schedule when the examination is to take place if you choose an in-person examination.

The independent medical reviewer must issue a report to the Administrative Director, in writing, that includes his/her analysis and determination whether the disputed health care service met the state's treatment guidelines. The report must be issued within 30 days of the examination, or within less time upon request of the Administrative Director. However, if the reviewer certifies the disputed health care service is a serious threat to your health, the report must be provided within three days of the examination.

If the independent medical reviewer determines the disputed treatment or diagnostic service meets the state's treatment guidelines, you may seek the disputed treatment or diagnostic service from a physician of your choice from within or outside the MPN. Your employer must pay for the cost of any approved medical treatment.

Medical Bills

All medical bills resulting from your work-related injury or illness should be sent directly to your designated workers' compensation claims administrator. The MPN may review the charges to make sure they are correct. Your workers' compensation insurance carrier will pay the provider(s).

Your lost wage compensation and any other benefits you are entitled to under the California State Workers' Compensation Act will be paid by your insurance carrier. You can direct any questions regarding your benefits to your employer.

What if my employer disputes my injury

You may be entitled to receive treatment even if your employer initially disputes your injury. Until the date the claim is rejected, the employer's liability for the claim is limited to \$10,000. Please note this does not guarantee that you will receive medical care up to this \$10,000 limit. Treatment can continue until the employer makes a decision to deny your claim. This treatment must be provided from an MPN doctor unless it is an emergency situation or another authorized situation.

Continuity of Care

Attachment I-A is a copy of your employer's continuity of care policy. This policy provides for the completion of treatment for certain medical conditions by a doctor who has been terminated from the MPN.

Transfer of Ongoing Care

If you are being treated for an injury or illness prior to the coverage of the MPN, your employer will provide for the completion of your treatment with your doctor under certain circumstances. **Attachment II-A** is your employer's Transfer of Ongoing Care Policy.

Site Coordinator information

The following is the contact information for your Site Coordinator:

Employer Contact Information:

_____ [Insert contact's name]
_____ [Insert contact's address]
_____ [Insert contact's phone and fax number]

MPN contact information

The following is the contact information for your MPN contact:

OneBeacon MPN Contact Information:

Katherine Kellerman _____ contact's name
PO Box 9155 Canton, MA 02021 _____ contact's address
1-800-203-9600 ext 9212/ Fax 866-558-0349 contact's phone/fax #

Attachment I-A

Continuity of Care Policy

Policy: Employer/Insurer will provide to all employees entering the workers' compensation system notice of its written continuity of care policy and information regarding the process for an employee to request a review under the policy and will provide, upon request, a copy of the written policy to an employee.

- Procedure:**
1. **Completion of treatment by a terminated provider.** Employer/Insurer will, at the request of an injured employee, provide the completion of treatment as set forth in this exhibit by a terminated provider.
 - a.) The completion of treatment will be provided by a terminated provider to an injured employee who, at the time of the contract's termination, was receiving services from that provider for one of the conditions described in paragraph 1.(b) below.
 - b.) Employer/Insurer will provide for the completion of treatment for the following conditions subject to coverage through the workers' compensation system:
 - (i) An acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration of less than 90 days. Completion of treatment will be provided for the duration of the acute condition.
 - (ii) A serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time (over 90 days) or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment will be provided 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 Employer/Insurer in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment under this paragraph will not exceed 12 months from the contract termination date.
 - (iii) A terminal illness. A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment will be provided for the duration of a terminal illness.
 - (iv) Surgery or other procedure. Performance of surgery or other procedure that is authorized by the Employer/Insurer 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.
 2. **Contractual terms and conditions.** Employer/Insurer may require the terminated provider whose services are continued beyond the contract termination date pursuant to this section to agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination. If the terminated provider does not agree to comply or upon agreement does not comply with these contractual terms and conditions, then the Employer/Insurer is not required to continue the provider's services beyond the contract termination date.
 3. **Compensation.** Unless otherwise agreed by the terminated provider and the Employer/Insurer, the services rendered pursuant to this section will be compensated at rates and methods of payment similar to those used by the Employer/Insurer for currently contracted providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. The Employer/Insurer is not required to continue the services of a terminated provider if the provider does not accept the payment rates provided for in this paragraph.

4. **Termination for medical disciplinary cause or reason.** This policy will not require the Employer/Insurer to provide for completion of treatment by a provider whose contract with the Employer/Insurer has been terminated or not renewed for reasons relating to a medical disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) of *Section 805 of the Business and Profession Code*, or fraud or other criminal activity.
5. **Continuity of care beyond requirements.** Nothing in this exhibit will preclude the Employer/Insurer from providing continuity of care beyond the requirements of this exhibit.
6. **Arrangement for treatment.** Completion of treatment will be arranged for and monitored as follows: Transfer of medical treatment to MPN providers will be done on a case by case basis. The cases will be transferred based on complexity of care and the ability of providers in the network to absorb the increased patient load. It is the intent of the MPN to transfer as many cases as medically feasible in order to optimize medical care.
7. **Replacement of continuity of care policy.** The Employer/Insurer will file a revision of the continuity of care policy with the Administrative Director if it makes a material change to this policy.
8. **Dispute Resolution.** Following the employer's or insurer's determination of the injured covered employee's medical condition, the employer or insurer will notify the covered employee of the determination regarding the completion of treatment and whether or not the employee will be required to select a new provider from the MPN. The notification will be sent to the employee's residence with copy to the employee's primary treating physician. The notification will be written in English and Spanish using lay person terms.

If the terminated provider agrees to continue treating the injured covered employee in accordance with Labor Code section 4616.2 and if the injured employee disputes the medical determination, the injured employee can request a report from the injured employee's primary treating physician that addresses whether the employee falls within any of the following;

- a. acute condition
- b. a serious chronic condition
- c. a terminal illness; or
- d. performance of a surgery or other procedure authorized by the insurer or employer as part of a documented course of treatment and has been recommended by the provider to occur within 180 days of the contract termination date

If the treating physician fails to provide the report to the covered employee within 20 calendar days of request, the determination made by the employer or insurer shall apply.

If the employer or insurer or the injured employee objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician regarding the continuity of care shall be resolved pursuant to Labor Code section 4062.

If the treating physician agrees with the employee's or insurer's determination that the injured employee's medical condition does not meet the conditions set forth in the Labor Code 4616.2(d)(3) the employee shall choose a new provider from within the MPN during the dispute resolution process.

If the treating physician does not agree with the employer's or insurer's determination that the injured employee medical condition does not meet the condition set forth in Labor Code section 4616.2(d)(3), the injured employee shall continue to treat with the terminated provider until the dispute is resolved.

Attachment I-B

Transfer of Ongoing Care Policy

- Policy:** Employer/Insurer will provide for the completion of treatment for injured covered employees who are being treated outside of the Medical Provider Network (MPN) for an occupational injury or illness that occurred prior to the coverage of the MPN. Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside the MPN.
- Procedure:**
1. **Completion of treatment inside the MPN.** If an injured covered employee is being treated for an occupational injury or illness by a physician or provider prior to coverage of a MPN, and the employee's physician or provider becomes a provider within the MPN that applies to the injured employee, Employer/Insurer will inform the employee if his/her treatment is being provided by his/her physician or provider under the provisions of the MPN.
 2. **Completion of treatment outside of MPN.** Injured covered employees who are being treated outside of the MPN for an occupational injury or illness that occurred prior to the coverage of the MPN, including injured covered employees who pre-designated a physician and do not fall within the Labor Code section 4600(d), will continue to be treated outside the MPN for the following conditions:
 - a. Acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a duration of less than 90 days. Completion of treatment will be provided for the duration of the acute condition.
 - b. Serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment will be provided for a period of time, up to one year, necessary to complete a course of treatment approved by the Employer/Insurer and to arrange for transfer to another provider within the MPN, as determined by the Employer/Insurer. The one year period for completion of treatment starts from the date of the injured covered employee's receipt of the notification of the determination that the employee has a serious chronic condition.
 - c. Terminal illness. A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment will be provided for the duration of a terminal illness.
 - d. Surgery or other procedure. Performance of a surgery or other procedure that is authorized by the Employer/Insurer 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.
 3. **Transfer into MPN.** If the injured covered employee's injury or illness does not meet the conditions set forth in (2)(a) through (2)(d) above, the Employer/Insurer may transfer the injured covered employee into the MPN for medical treatment.
 4. **Notification to the covered employee.** If the Employer/Insurer decides to transfer the injured covered employee's medical care to the MPN, the Employer/Insurer will notify the covered employee at the employee's residence and a copy of the determination regarding completion of treatment and the decision to transfer medical care into the MPN. Notice will be sent to the covered employee's primary treating physician. The notification will be written in English and Spanish and use layperson's terms to the maximum extent possible.

5. **Injured covered employee disputes.** If the injured covered employee disputes the medical determination, he/she must request a report from the covered employee's primary treating physician that addresses whether the covered employee falls within any of the conditions set forth in (2)(a) through (2)(d) above. If the treating physician fails to provide the report to the injured covered employee within 20 calendar days of the request, the determination made by the employer or insurer shall apply. Disputes concerning the medical determination made by the treating physician concerning the transfer of care will be resolved pursuant to Labor Code section 4062.
 - a. If the treating physician agrees with the Employer/Insurer's determination that the employee's medical condition does not meet the stated conditions, the transfer of care will go forward during the dispute resolution process.
 - b. If the treating physician disagrees with the Employer/Insurer's determination that the employee's medical condition does not meet the stated conditions, the transfer of care will not go forward until the dispute is resolved.
6. **Referrals.** Referrals made to providers after the inception of the MPN will be made to a provider within the MPN.
7. **Treatment outside MPN.** Employer/Insurer may agree to provide medical care with providers outside of the MPN.

A todos los empleados:

Su empleador está comprometido con la protección de su bienestar y seguridad en el trabajo. Si bien nuestra máxima preocupación es prevenir las lesiones laborales, en el caso de producirse, el objetivo que tenemos es ayudarlo a que se recupere y se reincorpore a un empleo productivo tan pronto como sea médicamente posible.

Su empleador designó a OneBeacon-Coventry CA MPN como la “Red de Proveedores Médicos” [RPM] para el personal. La RPM es una red organizada en torno a proveedores de medicina ocupacional, conforme al programa de indemnización por accidentes de trabajo. La implementación de la RPM se hará a través de la red de proveedores e instalaciones de servicios médicos de la empresa Coventry, entidad que goza de reconocimiento a escala nacional, especializada en medicina ocupacional, atención de discapacidades y administración de costos médicos.

La RPM comprende clínicas y profesionales dedicados a la medicina ocupacional que le brindarán tratamiento médico. El médico ocupacional también coordinará con su empleador la reincorporación al trabajo.

En virtud del programa de la RPM, usted recibirá las siguientes prestaciones:

- médico de atención primaria;
- otros servicios y especialistas relacionados con la medicina ocupacional;
- atención médica de emergencia; y
- atención médica si trabaja o viaja fuera del área geográfica en la cual normalmente se prestan los servicios.

Esta red se organizó para que usted reciba atención médica de calidad y en forma oportuna. Es fácil acceder a la RPM y está aquí para prestarle atención médica de primer nivel y ayudarlo a reinsertarse en una vida sana y productiva.

En el Manual del Empleado de la RPM encontrará la información que necesita en caso de sufrir alguna lesión o enfermedad relacionada con el trabajo.

Red de proveedores médicos

Manual del empleado

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EL OBJETIVO DE LA RED DE PROVEEDORES MÉDICOS

Los trabajadores que sufren lesiones deben recibir atención médica de calidad y de manera oportuna. La Red de Proveedores Médicos (RPM) es una red de médicos y hospitales que tienen sólidos conocimientos sobre la forma de diagnosticar y tratar las lesiones laborales. Estos proveedores se abocan a mejorar su bienestar físico y a posibilitar su reintegro a un trabajo productivo.

El MPN cuenta con por lo menos 3 médicos de cada especialidad quienes se espera tratarán las lesiones comunes sufridas por los empleados lesionados dependiendo del tipo de ocupación o industria en la cual cada empleado se desempeña y en cumplimiento con los estándares 8 CCR 97.67.5 (b) y (c).

La RPM no sólo brinda tratamiento médico, sino que también lo ayudará a que pueda reincorporarse al trabajo después de sufrir una lesión o enfermedad. El objetivo principal de la RPM es ayudar a que los empleados que padecen una enfermedad o sufren una lesión en el trabajo vuelvan a realizar sus tareas de manera segura y lo antes posible. Se le puede asignar una enfermera especialmente capacitada o un especialista vocacional para que trabaje con usted, con su empleador, con su compañía aseguradora y con su médico para ayudarlo a recuperarse y volver a trabajar.

SU RPM sólo debe usarse para las lesiones y enfermedades cubiertas por el plan de indemnización por accidentes de trabajo implementado por su empleador. Si sufre una lesión en el trabajo, a menos que usted haya predesignado un médico o usted haya recibido la autorización de tener tratamiento fuera del RPM usted debe utilizar los médicos, clínicas, hospitales y otros proveedores médicos que forman parte de la RPM.

Por favor, vea en la página siguiente instrucciones específicas sobre la forma de acceder a la RPM.

CÓMO ACCEDER A LA RPM

Su empleador designó a un coordinador local que lo ayudará a usar las prestaciones de la RPM si sufre una lesión o enfermedad laboral. Éste será su primer contacto en caso de que tenga dudas respecto de la RPM o de la cobertura de su plan de indemnización por accidentes de trabajo. En la página 8 encontrará más información sobre el coordinador local.

Descripción de servicios

Su empleador es responsable de proporcionar servicios médicos que incluyan:

- un médico personal que atienda dentro de los 30 minutos o 15 millas de distancia de su lugar de residencia o de trabajo;
- otros servicios y especialistas de medicina ocupacional que se encuentren dentro de los 60 minutos o 30 millas de su lugar de residencia o de trabajo;
- acceso a atención médica en áreas rurales;
- atención médica de emergencia; y
- atención médica si trabaja o viaja fuera del área geográfica en la cual normalmente se prestan los servicios.

Informe inmediatamente la lesión sufrida

En caso de emergencia (según se define más adelante), o si es necesario ser tratado en forma urgente, procure atención médica en el hospital o centro de emergencias más cercano. Después de ser atendido, comunique lo sucedido al coordinador local en cuanto sea posible.

Si la lesión o enfermedad laboral que sufre no es una emergencia, dé aviso al coordinador local antes de consultar con el médico.

Si está siendo tratado lejos de su lugar de residencia o de trabajo, debe informar al coordinador local en cuanto regrese a su lugar geográfico habitual. Si debe seguir recibiendo atención médica, el coordinador local le entregará una lista de médicos que forman parte de la RPM.

Definición de “atención médica de emergencia”

Se entienden por “atención médica de emergencia” o “atención de urgencia” la atención médica para un estado de salud que se manifiesta por síntomas agudos cuya gravedad es tal que, en caso de no prestarse atención médica inmediata, sea razonable prever que la salud del paciente corre serios riesgos.

La RPM es EXCLUSIVAMENTE para atender lesiones o enfermedades relacionadas con el trabajo. No debe solicitar tratamientos médicos a la RPM sin informar al coordinador local. Recuerde, si necesita recibir tratamiento de emergencia, diríjase al hospital más cercano. Nunca se demore en procurar tratamiento médico si sufre una lesión o enfermedad grave.

Cómo seleccionar a un proveedor médico

Su empleador debe coordinar la realización de un examen médico inicial y empezar el tratamiento, si corresponde.

Pero usted tiene el derecho a ser tratado por un médico de la RPM de su elección después de la primera visita. Como paciente de la RPM, tiene el derecho a consultar con un médico que atienda cerca de su lugar de residencia o de trabajo. Debe informar al contacto RPM si tiene que viajar más de 15 millas o de 30 minutos para ver al médico que lo trata o más de 30 millas o 60 minutos para consultar con un especialista. Si vive en un área rural, la distancia o el tiempo de viaje puede ser mayor que los parámetros indicados previamente.

Los estándares alternativos establecen que todos los servicios estarán disponibles y accesibles en horario razonable para todos los empleados cubiertos con residencia o lugar de trabajo a más de 30 millas de una instalación de salud MPN, a través de un proveedor fuera de la red y no contratado.

Las instrucciones que se consignan a continuación lo ayudarán a elegir un médico.

En caso de una situación de emergencia o de ser necesario recibir atención médica de urgencia, diríjase directamente a la sala de emergencias más cercana.

Para casos de atención médica que no son urgentes, haga lo siguiente:

Después de informar su lesión al coordinador local, se le dará el nombre de un doctor para un examen médico inicial y comenzará el tratamiento, si corresponde. Puede continuar siendo tratado por este médico designado después del examen inicial o bien puede elegir otro médico, para lo cual deberá:

1. contactarse con el coordinador local, quien tiene una lista completa de todos los proveedores de la RPM; o
2. solicitar a su empleador la lista de proveedores asignados a su lugar de trabajo.
3. www.Concentra.com consignan Provider Directories. Client id = concentra

Qué hacer si tiene problemas para concertar una cita

Si tiene problemas para concertar una cita relacionada con servicios sin urgencia, con un médico de la RPM dentro de los 3 días hábiles o con un especialista de la RPM dentro de los 20 días hábiles, a contar desde el momento en que su empleador recibe la solicitud, debe consultar al contacto RPM, quien trabajará con la RPM para ayudarlo a conseguir la cita en el tiempo previsto.

La siguiente es la política escrita de Solicitantes MPN para la contratación o aprobación de cuidados médicos no de emergencia para;

- (A) un empleado cubierto autorizado por el patrón a trabajar temporalmente o a viajar para trabajar fuera del área geográfica de servicio MPN cuando surja la necesidad para cuidados médicos.
- (B) un antiguo empleado cuyo patrón cuenta con obligaciones continuas de seguro para accidentes laborales y quien reside permanentemente fuera del área geográfica de servicio MPN; y
- (C) un empleado lesionado que decide residir temporalmente fuera del área geográfica de servicio MPN durante su recuperación.

Cuando un empleado sufre una lesión o enfermedad no urgente y no laboral fuera del área de servicio, el empleado debe notificar al patrón y buscar tratamiento a través de la clínica de salud ocupacional o de cuidados primarios más cercana al paciente.

En caso de una emergencia o si se requiere de cuidados urgentes, el empleado debe buscar atención médica a través del hospital o centro de cuidados de emergencia más cercano. Si es posible, el empleado o un representante personal deben reportar su lesión/enfermedad entro 24 horas de recibir el tratamiento.

Una vez que el empleado lesionado/enfermo regresa al área de servicio, los cuidados médicos serán transferidos al proveedor dentro de la MPN. Esta información será comunicada a través del Manual del Empleado MPN.

Los empleados antiguos de un patrón con obligación de seguro de accidentes laborales o los empleados que temporalmente eligen residir fuera del área geográfica de servicio MPN tendrán la opción de escoger entre por lo menos tres médicos fuera del área geográfica de servicio MPN, quienes hayan sido ya sea referidos por médicos de cabecera de empleados dentro de la MPN o que hayan sido seleccionados por un Solicitante MPN. Adicionalmente a los médicos dentro de la MPN, el empleado puede cambiar médicos entre los médicos referidos y puede obtener una segunda y tercera opinión de los médicos referidos.

La política escrita para los empleados indicados arriba ofrecerá la opción de escoger entre por lo menos 3 médicos fuera del área geográfica de servicio MPN, quienes hayan sido ya sea referidos por el médico de cabecera de los empleados dentro de la MPN o que hayan sido seleccionados por el solicitante MPN. Adicionalmente a los médicos dentro de la MPN, el empleado puede cambiar médicos entre los médicos referidos y puede obtener una segunda y tercera opinión de los médicos referidos, en cumplimiento con CCR 9767.5(e)(2) y lo descrito a continuación.

Los médicos referidos estarán ubicados según los estándares de acceso descritos en 8 CCR 9767.5(c) y (d) en cumplimiento con 8 CCR 9767.5 (e)(3).

CÓMO CAMBIAR DE PROVEEDORES Y SEGUNDAS OPINIONES

Cómo cambiar de proveedor

Tiene derecho a cambiar de médico si no está satisfecho con quien lo trata por su lesión o enfermedad relacionada con el trabajo, pero siempre debe recibir tratamiento médico dentro de la RPM. Para conseguir la lista de médicos que atienden en su área, o un directorio completo de proveedores póngase en contacto con el coordinador local.

Cómo ser derivado a un especialista

Si el médico que lo atiende no puede brindarle la atención que necesita para recuperarse, lo derivará a un especialista de la RPM que sea idóneo para tratar la lesión o enfermedad específica que padece. Si el médico de atención primaria le refiere a un especialista que no está incluido en la RPM, usted puede seleccionar un especialista fuera de ésta. Para obtener información sobre la consulta al especialista en su área geográfica, debe ponerse en contacto con el coordinador local, quien le entregará una lista de especialistas afiliados a la RPM que atienden cerca de su lugar de residencia o de trabajo o un directorio completo de proveedores esta disponible si se solicita.

Procedimiento para procurar las opiniones segunda y tercera

Si tiene objeciones respecto del diagnóstico o del tratamiento que le indica el médico que lo atiende, puede obtener una segunda y una tercera opinión de otros médicos que integran la RPM. Mientras dure este proceso, debe continuar su tratamiento con el médico que lo atiende dentro de la RPM o cambiar a otro médico de preferencia dentro de la RPM.

Para obtener una segunda opinión, usted tiene que cumplir con lo siguiente:

1. informar al contacto RPM que no está de acuerdo con la opinión del médico que lo atiende y que solicita una segunda opinión. Puede informar de esto oralmente o por escrito;
2. seleccionar un médico o especialista de la lista de proveedores de la RPM que estén disponibles;
3. concertar una cita con un segundo médico dentro de los 60 días; e
4. informar al contacto RPM la fecha de la cita.

Para obtener una segunda opinión, su contacto RPM tiene que cumplir con lo siguiente:

1. entregarle una lista regional de proveedores y especialistas de la RPM para que seleccione un segundo médico, según la especialidad o experiencia reconocida para tratar la lesión o condición que padece e informarle de su derecho a solicitar una copia de los registros médicos que serán enviados al segundo médico;
2. ponerse en contacto con el médico que lo atiende;
3. antes de la cita, remitir una copia de la historia clínica o enviar los antecedentes médicos necesarios al segundo médico;
4. entregarle a usted una copia de la historia clínica, si la solicita; y
5. notificar por escrito al médico que fue seleccionado para dar una segunda opinión, como así también la naturaleza de la objeción
6. provea una copia de la carta escrita que informe segunda opinión del médico en la disputa del empleado.

Si no coordina una cita con el segundo médico dentro de los 60 días de recibir la lista de proveedores disponibles de la RPM, no podrá obtener esa segunda opinión respecto del diagnóstico o tratamiento en cuestión.

Si, después de analizar su historia clínica, el segundo médico determina que su lesión está fuera del alcance de su especialidad, éste les notificará a usted y a su contacto RPM esta situación, de forma tal que el contacto RPM pueda suministrarle otra lista de proveedores de la RPM.

Si no está de acuerdo con el diagnóstico o con el tratamiento prescripto por este otro médico, puede procurar la opinión de un tercer médico afiliado a la RPM.

Para obtener una tercera opinión, usted tiene que cumplir con lo siguiente:

1. informar al contacto RPM que no está de acuerdo con la opinión del médico que lo atiende y que solicita una tercera opinión;
2. seleccionar un médico o especialista de la lista de proveedores de la RPM que estén disponibles;
4. concertar una cita con un tercer médico dentro de los 60 días; e
5. informar al contacto RPM la fecha de la cita.

Para obtener una tercera opinión, su contacto RPM tiene que cumplir con lo siguiente:

1. entregarle una lista de proveedores y especialistas de la RPM para que seleccione un tercer médico, según la especialidad o experiencia reconocida para tratar la lesión o condición que padece;
2. ponerse en contacto con el médico que lo atiende;
3. antes de la cita, remitir una copia de la historia clínica o enviar los antecedentes médicos necesarios al tercer médico;
4. entregarle a usted una copia de la historia clínica, si la solicita;
5. notificar por escrito al médico que fue seleccionado para dar una tercera opinión, como así también la naturaleza de la objeción; y
6. provea una carta escrita informando la tercera opinión del médico en la disputa del empleado;
7. provea usted una descripción escrita de la revisión del proceso de Auditoría Médica Independiente.

Si no coordina una cita con el tercer médico dentro de los 60 días de recibir la lista de proveedores disponibles de la RPM, no podrá obtener esa tercera opinión respecto del diagnóstico o tratamiento en cuestión.

Si, después de analizar su historia clínica, el tercer médico determina que su lesión está fuera del alcance de su especialidad, éste les notificará dicha situación a usted y a su contacto RPM, de forma tal que el contacto RPM pueda suministrarle otra lista de proveedores de la RPM.

Los médicos que dan las opiniones segunda y tercera deben presentar su dictamen por escrito sobre el diagnóstico o tratamiento cuestionado, e incluir sus alternativas de diagnóstico y recomendaciones de tratamiento, si corresponde. Estos médicos pueden ordenar exámenes de diagnóstico si son necesarios por cuestiones médicas. Una copia del reporte escrito le debe ser entregada a usted, a su empleador y a su médico tratante dentro de los 20 días de la fecha posterior entre el día de la cita o el día en que se reciben los resultados de dichos exámenes. Su empleador le permitirá obtener el tratamiento recomendado en la RPM. Usted puede obtener el tratamiento recomendado cambiando al segundo médico, al tercer médico u a otro médico de la RPM.

Si no está de acuerdo con el diagnóstico o con el tratamiento indicado por el tercer médico, puede presentar una solicitud de auditoría médica independiente ante el director administrativo.

Cómo obtener una auditoría médica independiente

Para poder solicitar una auditoría médica independiente debe contar primero con las opiniones segunda y tercera. Si no está de acuerdo con el diagnóstico o con el tratamiento indicado por el tercer médico, puede presentar una solicitud de auditoría médica independiente ante el director administrativo.

Para hacerlo, debe presentar la solicitud respectiva al director administrativo. Puede solicitar el formulario al contacto RPM. Se le proporcionará una solicitud de AMI en el momento de la selección de una tercera opinión. El director administrativo o la organización encargada de las auditorías médicas independientes le asignará un auditor.

El contacto RPM le entregará al auditor toda la información que se analizó respecto del tratamiento o diagnóstico cuestionado, incluso una copia de:

1. toda la correspondencia enviada y recibida por el médico que lo atiende y que le indicó el tratamiento o hizo el diagnóstico; y
2. la historia clínica completa y otra información utilizada por los médicos para tomar una decisión respecto del tratamiento o diagnóstico cuestionado.

El auditor médico independiente debe realizar un examen físico o una auditoría de registro médico, de acuerdo con su elección. Usted tiene derecho a fijar la fecha de realización del examen, si usted elige que sea en persona.

El auditor médico independiente debe confeccionar un dictamen escrito para el director administrativo, que incluya su análisis y determinación respecto de si el servicio médico cuestionado cumple con las pautas sobre tratamiento establecidas por el estado. El informe debe emitirse dentro de los 30 días de la fecha de examen o en un tiempo más breve, si así lo solicita el director administrativo. Sin embargo, si el auditor certifica que el servicio médico constituye una grave amenaza para su salud, el informe debe entregarse dentro de los tres días de la fecha del examen.

Si el auditor independiente determina que el servicio de diagnóstico o tratamiento cuestionado cumple con las pautas establecidas por el estado, dicho servicio puede ser prestado por un médico de su elección, ya sea dentro o fuera de la RPM. Su empleador debe hacerse cargo del costo de todo tratamiento médico aprobado.

Facturas por servicios médicos

Todas las facturas por servicios médicos prestados en relación con su lesión o enfermedad laboral, deben enviarse directamente al administrador de reclamos del programa de indemnización por accidentes de trabajo que haya sido designado. La RPM puede revisar los cargos incluidos para garantizar que sean correctos. La compañía aseguradora de indemnización por accidentes de trabajo efectuará el pago al o a los proveedores.

Su aseguradora deberá pagar la compensación por salarios perdidos y otros beneficios a los que tiene derecho en virtud de la Ley de indemnización por accidentes de trabajo del estado de California [*California State Workers' Compensation Act*]. Puede consultar con su empleador todas las dudas que tenga respecto de sus beneficios.

Qué sucede si mi empleador cuestiona la lesión que sufro

Usted tiene derecho a recibir tratamiento, aún en el caso de que su empleador inicialmente cuestione la lesión que sufre. Hasta la fecha en que se rechace el reclamo, la responsabilidad que tiene el empleador por éste se limita a la suma de USD 10.000. Pero tenga en cuenta que esto no quiere decir que se garantiza que usted recibirá atención médica hasta este límite de USD 10.000. El tratamiento puede continuar hasta que el empleador tome la decisión de rechazar su reclamo. Es un médico de la RPM quien debe prestar este tratamiento, a menos que se trate de un caso de emergencia.

Continuidad de la atención médica

En el Anexo I se provee una copia de la política de continuidad de la atención médica implementada por su empleador. Esta política dispone la forma de completar un tratamiento iniciado por un médico que haya sido excluido de la RPM por cuestiones relacionadas con el ejercicio de la medicina.

Traspaso de la atención médica en curso

Si está siendo tratado por una lesión o enfermedad previa a la cobertura de la RPM; existen ciertas circunstancias en las cuales su empleador dispondrá que termine el tratamiento con su médico. En el Anexo II se consigna la Política de traspaso de atención médica en curso implementada por su empleador.

Datos del coordinador local

A continuación se señalan los datos de contacto del coordinador local:

Coordinador _____
Address _____ Phone/Fax _____

Datos del contacto RPM

A continuación se señalan los datos de contacto del RPM:

Contacto del RPM Katherine Kellerman
Address PO Box 9155 Canton, MA 02021
Phone/Fax 1-800-203-9600 ext 9212 / Fax 866-558-0349

Medical Provider Network

Site Coordinator Guide

BACKGROUND:

As your employer we are committed to the well being and safety of our employees. As part of our commitment, we are implementing a Medical Provider Network (MPN). Our primary goals are to make sure that every employee who has a work-related injury obtains medical care quickly, is treated appropriately, and safely returns to work as soon as medically possible. The MPN has been chosen because it works effectively for work-related injuries.

As a Site Coordinator your role is very important to the success of the MPN program. Please read this information carefully, the most important document in this Guide is the “MPN Program – Site Coordinator Instructions”. See page 2.

Our company works with OneBeacon Insurance who uses Coventry to bring the MPN program to our employees. The MPN includes medical providers that specialize in occupational health. Coventry is a national company that provides occupational health, disability management and medical cost management. The MPN will be delivered through Coventry’s network of medical providers and facilities.

WHEN ANY WORK-RELATED INJURY OR ILLNESS OCCURS:

Immediately contact your Workers’ Compensation Department to report the injury, file all the required paper work and forms, and direct the injured employee to the designated MPN provider for an initial medical evaluation and treatment, if appropriate. Please refer to your panel posting to identify MPN providers or access the Concentra website at www.concentra.com and select provider directory. Client id code is concentra.

WHEN AN INJURED EMPLOYEE MAY RECEIVE TREATMENT OUTSIDE OF THE MPN FROM A NON-NETWORK PROVIDER/FACILITY:

- For treatment of an injury that began prior to the coverage of the MPN for specified conditions. See **Attachment I** for the Transfer of Ongoing Care Policy;
- For emergency care;
- When an injured worker has pre-designated their own personal physician; or
- When authorized treatment is not available by or through an MPN network provider. (If this situation arises, please refer the employee to the MPN contact above.

DISTRIBUTION OF EMPLOYEE COMMUNICATIONS:

All employees should have received their individual copy of the MPN Employee Handbook when the program was rolled out. The MPN Employee Handbook provides specific instruction on how employees will access the MPN including changing providers, obtaining second and third opinions and providing continuity of care if a provider is terminated from the MPN.

Immediately upon learning about a work-related injury, you are responsible for delivering another copy of the MPN Employee Handbook to the injured employee.

INFORMATION ABOUT THE MPN

There is additional information you must read to familiarize yourself with the MPN program. They include the following:

- Site Coordinator Instructions
- Second and Third Opinion Process
- Independent Medical Review Process
- Access Standards
- Transfer of Ongoing Care Policy
- Continuity of Care Policy

These documents are part of your company’s MPN Plan and have been approved by the state and must be followed.

MPN Program

Site Coordinator Instructions

What To Do If An Employee Is Injured At Work

1. Arrange

NON-EMERGENCY:

Direct the injured employee to the MPN designated provider for an initial medical evaluation. Notify the injured employee of their right to choose another MPN provider after this initial visit.

Note: The employee has the right to see a doctor close to their home or workplace. Travel must be limited to no more than 15 miles or 30 minutes to see a treating doctor or 30 miles or 60 minutes to see a specialist. In addition, there are alternative access standards set for rural areas.

EMERGENCY:

Refer the injured employee to the nearest appropriate MPN medical provider or hospital, or send the employee to the nearest emergency room.

2. Report

Once you have learned of an employee's injury, immediately report the injury to your contact at the company's Workers' Compensation Department. Claims should also be immediately reported to OneBeacon Insurance at 877-248-3455.

3. Communicate

Give the injured employee the MPN Employee Handbook and information on how to access the Coventry MPN list of providers in their geographic area and inform the employee that a full provider directory is available upon request.

4. Follow-Up

If the employee receives initial treatment at a Hospital Emergency Room, contact the employee and insure that the employee is receiving follow-up care from an MPN medical provider.

Additional information that may be helpful

Second and Third Opinion Process

If the employee disputes either the diagnosis or the treatment that is recommended by the treating physician, the employee has a right to obtain a second and third opinion from physicians within the MPN. During this process, the employee must continue treatment with treating physician(s) within the MPN. For obtaining a second opinion, it is the employee's responsibility to:

1. inform the MPN contact (or assigned claim adjuster) orally or in writing they are disputing the treating physician's opinion and are requesting a second opinion;
2. select a physician or specialist from a list of available MPN providers;
3. make an appointment with the second physician within 60 days; and
4. inform the MPN contact (or assigned claim adjuster) of the appointment date.

For obtaining a second opinion, it is the MPN contact's responsibility to:

1. provide a regional area listing of MPN providers and/or specialists to the employee for selection of a second opinion physician based on the specialty or recognized expertise in treating the injury or condition in question and inform the employee of their right to request a copy of the medical records that will be sent to the second opinion physician;
2. contact the treating physician;
3. provide a copy of the medical records or send the necessary medical records to the second opinion physician prior to the appointment;
4. provide a copy of the records to the employee upon request; and
5. notify the second opinion physician in writing that he/she has been selected to provide a second opinion and the nature of the dispute
6. provide a copy of written letter informing the second opinion physician of the dispute to the employee.

If the employee does not make an appointment with a second opinion physician within 60 days of receiving the list of available MPN providers, then the employee will not be able to obtain a second opinion regarding the diagnosis or treatment in dispute.

If, after the second opinion physician reviews the employee's medical records, he/she determines that the injury is outside the scope of his/her practice, the second opinion physician will notify the employee and the employer. The MPN contact must provide the employee with a new list of MPN providers.

If the employee disagrees with either the diagnosis or treatment prescribed by the second opinion physician, the employee may seek the opinion of a third physician within the MPN.

For obtaining a third opinion, it is the employee's responsibility to:

1. inform the MPN contact (or assigned claim adjuster) orally or in writing they are disputing the treating physician's opinion and are requesting a third opinion;
2. select a physician or specialist from a list of available MPN providers;
3. make an appointment with the third physician within 60 days; and
4. inform the MPN contact (or assigned claim adjuster)of the appointment date.

For obtaining a third opinion, it is the MPN contact's responsibility to:

1. provide a regional area listing of MPN providers and/or specialists for the employee to select a third opinion physician based on the specialty or recognized expertise in treating the injury or condition in question and inform the employee of their right to request a copy of the medical records that will be sent to the third opinion physician;
2. contact the treating physician;
3. provide a copy of the medical records or send the necessary medical records to the third opinion physician prior to the appointment;
4. provide a copy of the records to the employee upon request;
5. notify the third opinion physician in writing that he/she has been selected to provide a third opinion and the nature of the dispute;
6. provide a copy of written letter informing the third opinion physician of the dispute to the employee; and
7. provide the employee with a written description of the Independent Medical Review process. See next page for sample letter.

If the employee does not make an appointment with a third opinion physician within 60 days of receiving the list of available MPN providers, then the employee will not be able to obtain a third opinion regarding the diagnosis or treatment in dispute.

If, after the third opinion physician reviews the employee's medical records, he/she determines that the injury is outside the scope of his/her practice, the third opinion physician will notify the employee and the employer. The MPN contact must provide the employee with a new list of MPN providers.

The second and third opinion physicians must provide his/her opinion of the disputed diagnosis or treatment in writing and offer alternative diagnosis or treatment recommendations, if applicable. These physicians may order diagnostic testing if medically necessary. A copy of the written report must be given to the employee, the employer and the treating provider within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later. Your employer will allow you to obtain the recommended treatment in the MPN. You may obtain the recommended treatment by changing physicians to the second opinion physician, the third opinion physician or other MPN physician.

If the employee disagrees with either the diagnosis or treatment prescribed by the third opinion physician, the employee may file with the Administrative Director a request for an Independent Medical Review.

SAMPLE IMR LETTER

To: Injured or Ill Covered Employee

Re: Independent Medical Review

We understand that you disagree with the diagnosis and/or treatment recommended by your primary treating doctor and the doctor you chose for a second opinion. We have received notice that you have chosen a doctor to provide a third opinion. If you still disagree after you receive a third opinion from the doctor you have chosen, you may request an Independent Medical Review (IMR) from the Administrative Director of the CA Division of Workers' Compensation. It is important to note that you cannot request an Independent Medical Review unless you have obtained a second and third opinion.

To request an Independent Medical Review, you must submit an application to the Administrative Director. Attached is the "Application for Independent Medical Review" form. Your MPN contact has already filled out the "MPN Contact section" of the form. You must complete the "employee section" of the form, indicate on the form whether you request an in-person examination OR record review and submit the form to the Administrative Director. You may also list an alternative specialty that is different from the specialty of your treating doctor.

In-person examination

After the Administrative Director receives the application, the Director will assign a doctor for your Independent Medical Review within 10 business days of receiving your application. If you request an in-person examination, the Director will randomly select a doctor from the list of available IMR doctors located within 30 miles of your home address. If there is only one doctor with an appropriate specialty within 30 miles of your residence address, that doctor must be selected to be the IMR doctor. If a doctor is not available within 30 miles, the Director will expand the search in 5 mile increments until a doctor is located. If there are no available doctors with the appropriate specialty, the Director may choose another specialty based on the information submitted.

You have the right to schedule the IMR at a time that is convenient for you. However, you must contact the IMR doctor within 60 calendar days of receiving the name of the IMR doctor to arrange an appointment. If you fail to contact the IMR doctor for an appointment within the 60-day calendar timeframe, then you will be deemed to have waived the IMR process for this disputed diagnosis or treatment of this treating doctor. Please note the IMR doctor must schedule your appointment within 30 calendar days of your request, unless all parties agree to a later date. The IMR doctor must notify your MPN contact of the appointment date.

The IMR doctor will examine you to see if the care you disagree with meets the guidelines set out by California law. After the doctor has examined you, the doctor will issue a written report to the Administrative Director that includes the doctor's opinion and recommendation. If the doctor decides the treatment you disagree with is a serious threat to your health, the report will be issued within 3 days of the examination. If not, this report will be issued within 30 days of the examination. The report may also be issued earlier than this if requested by the Administrative Director.

Medical record review

If you are requesting a medical record review, then the Director must randomly select a physician with an appropriate specialty from the list of available independent medical reviewers to be the IMR doctor. If there are no doctors with an appropriate specialty, the Director may choose another specialty based on the information submitted.

Objection to IMR doctor selected by the Director

You, your MPN contact or the selected IMR can object within 10 calendar days of receipt of the name of the doctor if there is a conflict of interest. A "conflict of interest" means :

- (a) The IMR doctor cannot have any material, professional, familial, or financial affiliation with any of the following:
- (b) Your employer or your employer's workers' compensation insurer;
- (c) Any officer, director, management employee, or attorney of your medical provider network, employer or employer's workers' compensation insurer;
- (d) Any treating health care provider proposing the service or treatment;

- (e) The institution at which the service or treatment would be provided, if known;
- (f) The development or manufacture of the principal drug, device, procedure, or other therapy proposed for you whose treatment is under review; or
- (g) You, your immediate family, or your attorney.
- (h) The IMR doctor cannot have a contractual agreement to provide physician services for your MPN if the IMR doctor is within a 35 mile radius of the treating physician.
- (i) The IMR doctor shall not have previously treated or examined the injured employee.

If the IMR doctor determines that he or she does not practice the appropriate specialty, the IMR doctor must withdraw within 10 calendar days of receipt of their notification of selection. If this conflict is verified or the IMR doctor withdraws, the Director must select another IMR doctor from the same specialty. If there are no doctors available in the same specialty, the Director may select an IMR doctor with another specialty for an in-person examination or for a record review.

IMR decision process

Your MPN contact will give the IMR doctor all of the information that was reviewed by your primary treating doctor, second opinion doctor and third opinion doctor for him or her to use in completing your IMR. This information will include the following:

- All correspondence from any doctor who treated you and any correspondence the doctor may have received regarding your injury and treatment; and
- All of your medical records and other information used by the doctors who have treated you to make decisions regarding the treatment.

If the IMR doctor decides the treatment you disagree with meets the state guidelines, you have the right to receive this treatment from any doctor you choose, inside or outside of the MPN and your employer will pay for the approved treatment.

Please note that during the IMR process, you must continue treatment with your treating doctor or another doctor of your choice within the MPN.

If at any time you would like to withdraw the request for an IMR, you must provide written notice to the Director and your MPN contact.

Application for Independent Medical Review
(Division of Workers' Compensation – 8 CCR §9768.10 Mandatory Form 1/1/05)

Employee Section: The Employee shall complete this section and send the completed form to the Administrative Director. Mailing address: Dept. of Industrial Relations, Division of Workers' Compensation, P.O. Box 420603, San Francisco, CA 94142 (Telephone 1-800-794-6900).

Employee Name	Employee Phone Number	Employee's Address
Employee's Attorney's Name, if applicable	Attorney's Phone Number	Attorney's Address

Pursuant to Labor Code section 4616.4, I request that the Administrative Director set an Independent Medical Review within 30 days from receipt of this Application.

Check one: Request for In-Person Examination Request for Record Review (no In-Person Examination)

Is interpreter needed for exam? _____ If yes, language: _____

Describe diagnosis and part of body affected: _____

Reason for request for Independent Medical Review. Please explain if the dispute involves the diagnosis, treatment or a test (attach additional page if necessary):

Select an alternative specialty, other than specialty of treating physician, if any, from the list on the instructions for this form:

Release: I, _____ (injured employee or person authorized pursuant to law to act on behalf of the injured employee), authorize the release of relevant medical and treatment information to the independent medical reviewer.

Signature of injured employee or authorized person	Date
--	------

Medical Provider Network Contact Section: The MPN Contact shall complete this section and send the form to the employee.

Employee	Employer
Insurer	Claim Number
Medical Provider Network	Date of Injury
Treating Physician	Specialty Address
2nd Opinion Physician and specialty	3 rd Opinion Physician and specialty

Select an alternative specialty other than specialty of treating physician, if any, from the list on the back of this form:

I declare under penalty of perjury that I mailed a copy of the Application for IMR to the above named Employee on

Date	Signature	Phone number and email of MPN Contact
Name of MPN Contact	Address	

Instructions for Application for Independent Medical Review Form (1/1/05)

Instructions for MPN Contact: At the time of the selection of the physician for a third opinion, you are required to notify the covered employee about the Independent Medical Review process and provide the covered employee with this “Application for Independent Medical Review” form. You are required to fill out the “MPN Contact section” of the form. You must then send the form to the employee, who will fill out the top section of the form and send it to the Division of Workers’ Compensation. The DWC will send you written notification of the name and contact information of the independent medical reviewer. You must then send the employee’s medical reports, including the treating physician’s report with the disputed treatment or diagnosis and the second and third physicians’ reports to the independent medical reviewer. A copy of the medical reports must also be sent to the employee.

Instructions for Injured Employee: This application is being sent to you because you have requested a third opinion to address your dispute with your treating doctor’s diagnosis, suggested test, or suggested medical treatment. Please wait until you read the report from the third opinion doctor before you fill out this form. If the report resolves your dispute, then you do not need to fill out this form. If you still have a dispute with your treating doctor, then you may request an independent medical review by completing this form and sending it to: Dept. of Industrial Relations, Division of Workers’ Compensation, P.O. Box 8888, San Francisco, CA 94128-8888.

An independent medical review is done by a physician who does not work directly with your doctor. You can visit that doctor and be examined or you can choose to have the doctor review your records. Indicate on the form whether you want to be examined (in-person examination) or if you only want to have your records reviewed.

The specialty of the doctor will be the same as the specialty of your treating physician, if possible. Not all types of doctors can be an Independent Medical Reviewer. You may select another type of doctor in case your doctor’s specialty is not available. To do this, look at the list of specialists below and chose one type. Indicate this choice on the application. You will receive the name and contact information of the independent medical reviewer from the Division of Workers’ Compensation. When you receive the name of the independent medical reviewer, you must make an appointment within 60 days. The independent medical reviewer is required to schedule an appointment with you within 30 days. If you fail to make the appointment with the Independent Medical Reviewer within 60 days, you will not be allowed to have an independent medical review on this dispute. **Written notice must be made to the Administrative Director and MPN Contact if you wish to withdraw the request for an independent medical review after this form has been submitted.**

SPECIALTY CODES

MAI Allergy and Immunology	MAA Anesthesiology
MRS Colon & Rectal Surgery	MDE Dermatology
MEM Emergency Medicine	MFP Family Practice
MPM General Preventive Medicine	MHA Hand – Orthopaedic Surgery, Plastic Surgery, General Surgery
MMM Internal Medicine	MMV Internal Medicine – Cardiovascular Disease
MME Internal Medicine – Endocrinology Diabetes and Metabolism	MMG Internal Medicine - Gastroenterology
MMH Internal Medicine – Hematology	MMI Internal Medicine – Infectious Disease
MMO Internal Medicine – Medical Oncology	MMN Internal Medicine - Nephrology
MMP Internal Medicine – Pulmonary Disease	MMR Internal Medicine – Rheumatology
MPN Neurology	MNS Neurological Surgery
MNM Nuclear Medicine	MOG Obstetrics and Gynecology
MPO Occupational Medicine	MOP Ophthalmology
MOS Orthopaedic Surgery	MTO Otolaryngology
MAP Pain Management –Psychiatry and Neurology, Physical Medicine and Rehabilitation, Anesthesiology	MHA Pathos
MEP Pediatrics	MHA Pathology
MPS Plastic Surgery	MPR Physical Medicine & Rehabilitation
MRD Radiology	MPD Psychiatry
MSG Surgery – General Vascular	MSY Surgery
MTO Toxicology – Preventive Medicine, Pediatrics, Emergency	MTS Thoracic Surgery
POD Podiatry	MUU Urology
	PSY Psychology

Access Standards

1. The MPN Applicant will have at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on the type of occupation or industry in which the employee is engaged and within the access standards set forth below.
2. The MPN Applicant will have an MPN primary treating physician and a hospital for emergency health care, or if separate from such hospital, a provider of all emergency health care services, within 30 minutes or 15 miles of each covered employee's residence or workplace.
3. The MPN Applicant will have MPN providers of occupational health services and specialists within 60 minutes or 30 miles of a covered employee's residence or workplace.
4. The accessibility standards set forth in subdivisions (2) and/or (3) above would be considered unreasonably restrictive in rural areas or areas in which health facilities are located at least 30 miles apart. The MPN Applicant has established alternative standards for providing medical treatment to injured covered employees in such areas. The alternative standards provide that all services will be available and accessible at reasonable times to all covered employees with a residence or work place beyond 30 miles of a MPN health facility from an out of network, non contracted provider.
5. The following is the MPN Applicant's written policy for arranging or approving non-emergency medical care medical care for;
 - A.) a covered employee authorized by the employer to temporarily work or travel for work outside of the MPN geographic service area when the need for medical care arises.
 - B.) a former employee whose employer has an ongoing workers' compensation obligations and who permanently resides outside the MPN geographic service area; and
 - C.) an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery.

When an employee has a work-related non-emergent injury or illness outside of the service area, the employee should notify the employer and seek treatment at the closest occupational health or primary care clinic to the patient.

In the event of an emergency or if urgent care is needed, the employee should seek medical attention from the nearest hospital or urgent care center. If feasible, the employee or a personal representative should report his/her injury/illness within 24 hours of receiving treatment.

Once the injured/ill employee returns to the service area, medical care will be transferred to a provider within the MPN. This information will be communicated through the MPN Employee Handbook.

Employees injured while traveling for work or working outside the geographic service, former employees of an employer with a workers' compensation obligation or employees that temporarily elect to reside outside of the MPN geographic service area will have a choice of at least three physicians outside the MPN geographic service area who either have been referred by the employee's primary treating physician within the MPN or have been selected by the MPN Applicant. In addition to the physicians within the MPN the employee may change physicians among the referred physicians and may obtain a second and third opinion from the referred physicians. Referred physicians will be located within the access standards described in paragraphs 3 and 4 of this section.

The written policy for the employees listed above shall provide a choice of at least 3 physicians outside the MPN geographic service area who either have been referred by the employee's primary treating physician within the MPN or have been selected by the MPN applicant. In addition to physicians within the MPN the employee may change physicians among the referred physicians and may obtain a second or third opinion from the referred physicians pursuant to CCR 9767.5(e)(2)

Referred physicians shall be located within the access standards described in 8 CCR 9767.5(c) and (d) pursuant to 8 CCR 9767.5 (e)(3).

6. The following is the MPN's written policy to allow an injured employee to receive emergency medical treatment from a medical service or hospital provider who is not a member of the MPN:

If an employee requires emergency health care services for a work-related injury or illness from a provider who is outside of the MPN, the initial treatment will be covered and the employee, once stabilized will have medical treatment transferred to a provider within the MPN.

"Emergency health care services" means health care services for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient's health in serious jeopardy.

Transfer of Ongoing Care Policy

Policy: Employer/Insurer will provide for the completion of treatment for injured covered employees who are being treated outside of the Medical Provider Network (MPN) for an occupational injury or illness that occurred prior to the coverage of the MPN. Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside the MPN.

- Procedure:**
1. **Completion of treatment inside the MPN.** If an injured covered employee is being treated for an occupational injury or illness by a physician or provider prior to coverage of a MPN, and the employee's physician or provider becomes a provider within the MPN that applies to the injured employee, Employer/Insurer will inform the employee if his/her treatment is being provided by his/her physician or provider under the provisions of the MPN.
 2. **Completion of treatment outside of MPN.** Injured covered employees who are being treated outside of the MPN for an occupational injury or illness that occurred prior to the coverage of the MPN, including injured covered employees who pre-designated a physician and do not fall within the Labor Code section 4600(d), will continue to be treated outside the MPN for the following conditions:
 - a. Acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a duration of less than 90 days. Completion of treatment will be provided for the duration of the acute condition.
 - b. Serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment will be provided for a period of time, up to one year, necessary to complete a course of treatment approved by the Employer/Insurer and to arrange for transfer to another provider within the MPN, as determined by the Employer/Insurer. The one year period for completion of treatment starts from the date of the injured covered employee's receipt of the notification of the determination that the employee has a serious chronic condition.
 - c. Terminal illness. A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment will be provided for the duration of a terminal illness.
 - d. Surgery or other procedure. Performance of a surgery or other procedure that is authorized by the Employer/Insurer 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.
 3. **Transfer into MPN.** If the injured covered employee's injury or illness does not meet the conditions set forth in (2)(a) through (2)(d) above, the Employer/Insurer may transfer the injured covered employee into the MPN for medical treatment.
 4. **Notification to the covered employee.** If the Employer/Insurer decides to transfer the injured covered employee's medical care to the MPN, the Employer/Insurer will notify the covered employee of the determination regarding completion of treatment and the decision to transfer medical care into the MPN. Notice will be sent to the employee's residence and a copy of the letter will be sent to the covered employee's primary treating physician. The notification will be written in English and Spanish and use layperson's terms to the maximum extent possible.

5. **Injured covered employee disputes.** If the injured covered employee disputes the medical determination, he/she must request a report from the covered employee's primary treating physician that addresses whether the covered employee falls within any of the conditions set forth in (2)(a) through (2)(d) above. If the treating physician fails to provide the report to the injured covered employee within 20 calendar days of the request, the determination made by the employer or insurer shall apply. Disputes concerning the medical determination made by the treating physician concerning the transfer of care will be resolved pursuant to Labor Code section 4062.
 - a. If the treating physician agrees with the Employer/Insurer's determination that the employee's medical condition does not meet the stated conditions, the transfer of care will go forward during the dispute resolution process.
 - b. If the treating physician disagrees with the Employer/Insurer's determination that the employee's medical condition does not meet the stated conditions, the transfer of care will not go forward until the dispute is resolved.
6. **Referrals.** Referrals made to providers after the inception of the MPN will be made to a provider within the MPN.
7. **Treatment outside MPN.** Employer/Insurer may agree to provide medical care with providers outside of the MPN.



Attachment II

MPN Policy and Procedure
Continuity of Care
Page 1 of 2

Continuity of Care Policy

Policy: Employer/Insurer will provide to all employees entering the workers' compensation system notice of its written continuity of care policy and information regarding the process for an employee to request a review under the policy and will provide, upon request, a copy of the written policy to an employee.

Procedure: 1. **Completion of treatment by a terminated provider.** Employer/Insurer will, at the request of an injured employee, provide the completion of treatment as set forth in this exhibit by a terminated provider.

a.) The completion of treatment will be provided by a terminated provider to an injured employee who, at the time of the contract's termination, was receiving services from that provider for one of the conditions described in paragraph 1.(b) below.

b.) Employer/Insurer will provide for the completion of treatment for the following conditions subject to coverage through the workers' compensation system:

(i) An acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration of less than 90 days. Completion of treatment will be provided for the duration of the acute condition.

(ii) A serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time (over 90 days) or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment will be provided 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 Employer/Insurer in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment under this paragraph will not exceed 12 months from the contract termination date.

(iii) A terminal illness. A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment will be provided for the duration of a terminal illness.

(iv) Surgery or other procedure. Performance of surgery or other procedure that is authorized by the Employer/Insurer 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.

2. **Contractual terms and conditions.** Employer/Insurer may require the terminated provider whose services are continued beyond the contract termination date pursuant to this section to agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination. If the terminated provider does not agree to comply or upon agreement does not comply with these contractual terms and conditions, then the Employer/Insurer is not required to continue the provider's services beyond the contract termination date.
3. **Compensation.** Unless otherwise agreed by the terminated provider and the Employer/Insurer, the services rendered pursuant to this section will be compensated at rates and methods of payment similar to those used by the Employer/Insurer for currently contracted providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. The Employer/Insurer is not required to continue the services of a terminated provider if the provider does not accept the payment rates provided for in this paragraph.
4. **Termination for medical disciplinary cause or reason.** This policy will not require the Employer/Insurer to provide for completion of treatment by a provider whose contract with the Employer/Insurer has been terminated or not renewed for reasons relating to a medical disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) of *Section 805 of the Business and Profession Code*, or fraud or other criminal activity.
5. **Continuity of care beyond requirements.** Nothing in this exhibit will preclude the Employer/Insurer from providing continuity of care beyond the requirements of this exhibit.
6. **Arrangement for treatment.** Completion of treatment will be arranged for and monitored as follows: Transfer of medical treatment to MPN providers will be done on a case by case basis. The cases will be transferred based on complexity of care and the ability of providers in the network to absorb the increased patient load. It is the intent of the MPN to transfer as many cases as medically feasible in order to optimize medical care.
7. **Replacement of continuity of care policy.** The Employer/Insurer will file a revision of the continuity of care policy with the Administrative Director if it makes a material change to this policy.
8. **Dispute Resolution.** Following the employer's or insurer's determination of the injured covered employee's medical condition, the employer or insurer will notify the covered employee of the determination regarding the completion of treatment and whether or not the employee will be required to select a new provider from the MPN. The notification will be sent to the employee's residence with copy to the employee's primary treating physician. The notification will be written in English and Spanish using lay person terms.

If the terminated provider agrees to continue treating the injured covered employee in accordance with Labor Code section 4616.2 and if the injured employee disputes the medical determination, the injured employee can request a report from the injured employee's primary treating physician that addresses whether the employee falls within any of the following;

- a. acute condition
- b. a serious chronic condition
- c. a terminal illness; or
- d. performance of a surgery or other procedure authorized by the insure or employer as part of a documented course of treatment and has been recommended by the provider to occur within 180 days of the contract termination date.

If the treating physician fails to provide the report to the covered employee within 20 calendar days of request, the determination made by the employer or insurer shall apply.

If the employer or insurer or the injured employee objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician regarding the continuity of care shall be resolved pursuant to Labor Code section 4062. If the treating physician agrees with the employee's or insurers determination that the injured employee's medical condition does not meet the conditions set forth in the Labor Code 4616.2(d)(3) the employee shall choose a new provider from within the MPN during the dispute resolution process.

If the treating physician does not agree with the employer's or insurer's determination that the injured employee medical condition does not meet the condition set forth in Labor Code section 4616.2(d)(3), the injured employee shall continue to treat with the terminated provider until the dispute is resolved.

Anexo I-A

Política sobre continuidad de la atención médica

Política: El empleador/asegurador notificará a todos los empleados que ingresen al sistema de indemnización por accidentes de trabajo la existencia de documentos escritos referidos a la política sobre continuidad de la atención y la información sobre el proceso para que los empleados soliciten una auditoría en virtud de dicha política, y entregará una copia de la política escrita al empleado que lo solicite.

Procedimiento: 1. **Conclusión del tratamiento a cargo de un proveedor que fue excluido de la RPM.** A pedido del empleado lesionado, el empleador/asegurador procurará que el proveedor excluido termine de prestar el tratamiento, según se indica en el presente Apéndice.

- a.) El proveedor excluido deberá hacerse cargo de terminar el tratamiento que se administra a un empleado lesionado que, al momento de la rescisión del contrato, estaba siendo atendido por ese proveedor, sujeto a una de las condiciones que se indican en el párrafo 1.(b) a continuación.
- b.) El empleador/asegurador procurará que se termine el tratamiento en las siguientes condiciones, sujeto a la cobertura del sistema de indemnización por accidentes de trabajo:
 - (i) Cuadro agudo. Por cuadro agudo se entiende un estado de salud que implica la aparición repentina de síntomas producidos por una enfermedad, lesión u otro problema de salud que requiere atención médica inmediata y que tiene una duración limitada de no más de 90 días. El tratamiento se administrará mientras persista el cuadro agudo.
 - (ii) Cuadro crónico grave. Por cuadro crónico grave se entiende un estado de salud debido a una enfermedad u otro problema o trastorno médico de naturaleza grave y que persiste sin curarse totalmente o se agrava durante un período de tiempo prolongado o que requiere tratamiento permanente para mantener la remisión o evitar el agravamiento. El tratamiento se administrará durante un período de tiempo necesario para completar el curso de tratamiento y para coordinar el traspaso seguro a otro proveedor, según lo determine el empleador/asegurador de acuerdo con el empleado lesionado y el proveedor excluido, siempre ajustándose a las buenas prácticas profesionales. La administración del tratamiento en virtud de este inciso no excederá de los 12 meses desde la fecha de rescisión del contrato.
 - (iii) Enfermedad terminal. Una enfermedad terminal es un estado incurable o irreversible que tiene una alta probabilidad de causar la muerte del paciente dentro de un año o de un plazo menor. El tratamiento se administrará mientras subsista la enfermedad terminal.
 - (iv) Cirugía u otra práctica. La realización de cirugía u otra práctica que esté autorizada por el empleador/asegurador como parte del curso de tratamiento documentado y que el proveedor

haya prescripto y, también, documentado que debe realizarse dentro de los 180 días de la fecha de rescisión del contrato.

2. **Condiciones contractuales.** El empleador/asegurador puede requerir que el proveedor excluido -cuyos servicios continuarán prestándose con posterioridad a la fecha de rescisión del contrato, conforme a lo dispuesto en la presente sección- acuerde por escrito someterse a las mismas condiciones contractuales que regían su accionar antes de producida la exclusión. Si el proveedor excluido no está de acuerdo en cumplir con este requerimiento o una vez aceptadas no cumple con las condiciones establecidas, el empleador/asegurador no está obligado a continuar con los servicios de este proveedor con posterioridad a la fecha de rescisión del contrato.
3. **Retribución.** Salvo que el proveedor excluido y el empleador/asegurador acuerden lo contrario, la retribución y forma de pago de los servicios prestados en virtud de lo dispuesto en esta sección serán idénticos a los que el empleador/asegurador aplica a los proveedores con los que mantiene contratos vigentes por la prestación de servicios similares y dentro de la misma o similar área geográfica que el proveedor excluido. El empleador/asegurador no está obligado a continuar los servicios de un proveedor excluido si éste no acepta los honorarios a los que se hace mención en este párrafo.
4. **Rescisión por motivos o causas de disciplina médica.** Esta política no exige que el empleador/asegurador termine el tratamiento a cargo de un proveedor cuyo contrato con ellos fue rescindido o no renovado por motivos de disciplina médica, según se define en el párrafo (6) del inciso (a) del artículo 805 del Código de Negocios y Profesiones (*Business and Profession Code*), por razones de fraude o de otro delito.
5. **Continuidad de la atención médica que excede los requerimientos.** Ninguno de los contenidos del presente Apéndice impide que el empleador/asegurador continúe prestando atención más allá de los requisitos aquí establecidos.
6. **Coordinación del tratamiento.** La realización del tratamiento se dispondrá y controlará de la siguiente manera: el traspaso de tratamiento médico a los proveedores de la RPM se hará caso por caso. Los casos se transferirán según la complejidad de la atención médica y la capacidad de los proveedores de la red de absorber la mayor carga de pacientes. Es intención de la RPM transferir la mayor cantidad de casos médicamente posible a fin de optimizar la atención médica.
7. **Reemplazo de la política sobre continuidad de la atención médica.** El empleador/asegurador presentará una revisión de la política de continuidad de la atención al director administrativo, si introduce en ella algún cambio sustancial.

8. Resolución de disputa. Después de la determinación del empleador o asegurador del estado médico del empleado lesionado bajo cobertura, el empleador o asegurador notificará al empleado que tiene cobertura de la determinación con respecto a la terminación del tratamiento y si se le solicitará, o no, al empleado que seleccione un nuevo proveedor de la RPM. La notificación será enviada a su domicilio con copia al médico quien preste atención primaria al empleado. La notificación se hará por escrito en inglés y español utilizando términos comprensibles para el empleado.

Si el proveedor de la terminación está de acuerdo en continuar el tratamiento al empleado lesionado que tiene cobertura según el artículo 4616.2 del Código Laboral y si el empleado lesionado está en desacuerdo con la determinación médica, el empleado lesionado puede pedir un informe de su médico de atención primaria que establezca si el empleado se encuentra en cualquiera de los siguientes casos;

- a. cuadro agudo
- b. cuadro crónico grave
- c. enfermedad terminal; o
- d. realización de cirugía u otra práctica que esté autorizada por el empleador o asegurador como parte del curso de tratamiento documentado y que el proveedor haya recomendado que debe realizarse dentro de los 180 días a partir de la fecha de rescisión del contrato

Si el médico tratante no entrega el informe al empleado asegurado dentro de los siguientes 20 días a partir de la solicitud, quedará en efecto la determinación tomada por el empleador o asegurador.

Si el empleador o asegurador o el empleado lesionado objeta la determinación médica del médico tratante, la disputa con respecto a la determinación médica establecida por el médico tratante con respecto a la continuidad de la atención será resuelta según el artículo 4062 del Código Laboral.

Si el médico tratante está de acuerdo con la determinación del empleador o aquella del asegurador de que el cuadro médico del empleado lesionado no cumple con las condiciones establecidas según el párrafo (3) del inciso (d) del artículo 4616.2 del Código Laboral, el empleado escogerá un nuevo proveedor de la RPM durante el proceso de resolución de la disputa.

Si el médico tratante no está de acuerdo con la determinación del empleador o asegurador de que el cuadro médico del empleado lesionado no cumple con las condiciones establecidas según el párrafo (3) del inciso (d) del artículo 4616.2 del Código Laboral, el empleado lesionado continuará el tratamiento con el proveedor del proceso de terminación hasta resolver la disputa.

Anexo I-B

Política de traspaso de la atención en curso

Política: El empleador/asegurador preverá la terminación del tratamiento de empleados lesionados cubiertos que están siendo tratados fuera de la Red de Proveedores Médicos (RPM) a causa de una lesión o enfermedad ocupacional sucedida antes de que tuviera vigencia la cobertura de la RPM. Hasta que el empleado lesionado que tiene cobertura sea transferido a la RPM, el médico del empleado puede remitirlo a proveedores dentro o fuera de la RPM.

Procedimiento:

- 1. Terminación del tratamiento dentro de la RPM.** Si un empleado que tiene cobertura está siendo tratado por una lesión o enfermedad ocupacional por un médico o proveedor desde antes de tener la cobertura de la RPM y el médico o proveedor del empleado pasa a integrar la RPM al cual el empleado está asignado, el empleador/asegurador informará al empleado si su tratamiento está siendo prestado por su médico o proveedor según lo dispuesto por la RPM.
- 2. Terminación del tratamiento fuera de la RPM.** Los empleados cubiertos que se tratan fuera de la RPM a causa de una lesión o enfermedad ocupacional producida o existente desde antes de que entre en vigencia la cobertura de la RPM, incluso los empleados cubiertos lesionados que predesignaron un médico y no se encuadran dentro del artículo 4600(d) del Código Laboral, continuarán siendo tratados fuera de la RPM en los siguientes casos:
 - a. Cuadro agudo. Por estado agudo se entiende un estado de salud que implica la aparición repentina de síntomas producidos por una enfermedad, lesión u otro problema de salud que requiere atención médica inmediata y que tiene una duración de no más de 90 días. El tratamiento se administrará mientras dure el cuadro agudo.
 - b. Cuadro crónico grave. Por estado crónico grave se entiende un estado de salud debido a una enfermedad, lesión catastrófica u otro problema o trastorno de salud de naturaleza grave y que persiste sin curarse totalmente o se agrava durante un período de 90 días o que requiere tratamiento permanente para mantener la remisión o evitar el agravamiento. El tratamiento continuará administrándose durante el período, de hasta un año, necesario para completar un curso de tratamiento aprobado por el empleador/asegurador y para disponer el traspaso a otro proveedor dentro del RPM, según lo determine el empleador/asegurador. El período de un año para terminar el tratamiento se cuenta a partir de la fecha en que el empleado lesionado que tiene cobertura reciba notificación de la determinación de que el empleado padece un cuadro crónico grave.
 - c. Enfermedad terminal. Una enfermedad terminal es un estado incurable o irreversible que tiene una alta probabilidad de causar la muerte del paciente dentro de un año o de un plazo menor. El tratamiento se administrará mientras se prolongue la enfermedad terminal.
 - d. Cirugía u otra práctica. La realización de cirugía u otra práctica que esté autorizada por el empleador/asegurador como parte del curso

de tratamiento documentado y que el proveedor haya prescrito y, también, documentado que debe realizarse dentro de los 180 días de la fecha de entrada en vigencia de la cobertura de la RPM.

- 3. Traspaso a la RPM.** Si la lesión o enfermedad del empleado no cumple con las condiciones establecidas en los párrafos (2) (a) a (2) (d) precedentes, el empleador/asegurador puede traspasarlo a la RPM para que reciba tratamiento médico.
- 4. Notificación al empleado que tiene cobertura.** Si el empleador/asegurador toma la determinación de transferir al empleado lesionado que tiene cobertura a la atención médica de la RPM, el empleador o asegurador notificará al empleado a su domicilio, y enviará una copia de la carta de la determinación con respecto a la rescisión del tratamiento y la decisión de transferir la atención médica a la RPM. La notificación será enviada al médico personal de dicho empleado. La notificación se cursará por escrito en inglés y español y utilizará dentro de lo posible términos comprensibles para el empleado.
- 5. Cuestionamientos del empleado lesionado que tiene cobertura** Si el empleado lesionado que tiene cobertura cuestiona la determinación médica, debe solicitar un informe del médico personal que lo atiende, en la cual se indique si dicho empleado se encuadra dentro de alguna de las condiciones establecidas en los párrafos (2) (a) a (2) (d) precedentes. Si el médico tratante no entrega el informe al empleado lesionado que tiene cobertura en los siguientes 20 días a la solicitud, tendrá efecto la determinación tomada por el empleador o asegurador. Los cuestionamientos respecto de la determinación médica tomada por el médico que trata al empleado en cuanto al traspaso de la atención, se resolverá según lo dispuesto en el artículo 4062 del Código Laboral.
 - a. Si el médico que trata al empleado está de acuerdo con la determinación del empleador/asegurador de que el cuadro médico del empleado no satisface las condiciones establecidas, el traspaso de la atención proseguirá durante el proceso de resolución de la disputa.
 - b. Si el médico que atiende al empleado no está de acuerdo con la determinación del empleador/asegurador de que el cuadro médico del empleado no satisface las condiciones establecidas, el traspaso de atención no procederá hasta tanto la disputa se resuelva.
- 6. Derivaciones.** Las derivaciones a proveedores después de la puesta en marcha de la RPM, se harán a los proveedores incluidos en la RPM.
- 7. Tratamiento fuera de la RPM.** El empleador/asegurador puede acordar prestar atención médica con proveedores fuera de la RPM.