Covered Employee Notification of Rights Materials Regarding Employers Compensation Insurance Company Employers Medical Provider Network (“MPN”)

This pamphlet contains important information about your medical care in case of a work-related injury or illness

You Are Important To Us

Keeping you well and fully employed is important to us. It is your employer’s goal to provide you employment in a safe working environment. However, should you become injured or ill, as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as possible. In compliance with California law, we provide workers’ compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the MPN, please contact Employers Compensation Insurance Company Call Center Representative at (800) 682-5246.

EMPLOYERS “MPN”

Employers Compensation Insurance Company provides workers’ compensation coverage for your employer in the event you sustain a work-related injury. EMPLOYERS Medical Provider Network accesses medical treatment through selected Anthem Blue Cross Prudent Buyer PPO (“Blue Cross”) providers. Anthem Blue Cross contracts with doctors, hospitals and other providers to respond to the special requirements of on-the-job injuries or illnesses.

Please reproduce this form and distribute to employees.
Access to Care

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

Notify your employer:

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

Initial or Urgent Care:

- If medical treatment is needed, your employer will direct you to an MPN provider upon initial report of injury. Access to medical care should be immediate but in no event longer than 3 business days.

For Emergency Care:

- In the case of emergency* go to the nearest healthcare provider. Once your condition is stable, contact your employer, Employers Compensation Insurance Company, or call (866) 700-2168 for assistance in locating a MPN provider for continued care.

*Emergency care is defined as a need for those health care services provided to evaluate and treat medical conditions of a recent onset and severity that would lead a lay person, possessing an average knowledge of medicine, to believe that urgent care is required.

Subsequent Care:

- All non-medical emergencies, which require ongoing treatment, in-depth medical testing or a rehabilitation program, must be authorized by your claims adjuster and based upon medically evidenced based treatment (California Labor Code §5307.27, and as set forth in title 8, California Code of Regulations, section 9792.20 et seq.). Access to subsequent care, including specialist services, shall be available within no more than twenty (20) business days.

- If you relocate or move outside of California or outside of EMPLOYERS MPN geographic service area and require continued care for your work related injury or illness, you may select a new physician to provide ongoing care or you may contact your claims examiner for assistance with locating a new primary care physician. If your relocation or move is temporary upon your return to California should you require ongoing medical care, immediately contact your claims examiner or your employer so arrangements can be made to return you to your prior MPN provider or, if necessary, for assistance in locating a new MPN provider for continued care.

If you are temporarily working outside of California and are injured:

- If you are working outside of California and experience work related injury or illness, notify your employer.
  For initial, urgent or emergency care, or follow up care, go to the nearest healthcare provider for medical treatment.

- If you need assistance locating a physician or should the physician you select need authorization to provide care to you, call Employers Compensation Insurance Company Call Center Representative at (800) 682-5246 and we will assist you. Upon your return to California, should you require ongoing medical care, immediately contact your claims examiner or your employer for referral to a MPN provider for continued care.
How to Choose a Physician within the MPN

EMPLOYERS MPN has providers for the entire state of California. Employers Compensation Insurance Company will provide you with a regional list of providers that includes at least 3 physicians in each specialty commonly used to treat work related injuries or illnesses in your industry. EMPLOYERS MPN provides access to primary physicians within 15 miles and specialists within 30 miles. If you live in a rural area, a different standard may apply. To locate a participating provider or obtain a regional listing:

Provider Directories:

- On-line Directories – if you have internet access, you may obtain a regional directory or locate a participating provider near you by visiting www.employers.com and click on the Injured Workers link and then the Provider Locator link. Next click on the accept button and then select California. A copy of the complete provider listing is also available in writing upon request.

- If you do not have internet access, you may request assistance locating an MPN provider or obtaining an appointment by calling (866) 700-2168.

- Promptly contact your claims examiner to notify us of any appointment you schedule with an MPN provider.

Choosing a Physician (for all initial and subsequent care):

- Your employer will direct you to a MPN provider upon initial report of injury. You have the right to be treated by a physician of your choice within the MPN after your initial visit.

- If you wish to change your MPN physician after your initial visit, you may do so by:
  - Accessing the online provider directories (see above)
  - Call the toll free number to locate a MPN provider: (866) 700-2168

- If you select a new physician, immediately contact your claims adjuster and provide him or her with the name, address and phone number of the physician you have selected. You should also provide the date and time of your initial evaluation.

- If it is medically necessary for your treatment to be referred to a specialist, your MPN physician can make the appropriate referral within the network or you may select a specialist of your choice with the MPN.

- If a type of specialist is needed, or recommended by your MPN physician, but is not available to you within the network, you will be allowed to treat with a specialist outside of the network. Your claims examiner can assist you to identify appropriate specialists if requested. Once you have identified the appropriate specialist outside of the network, schedule an appointment and notify your primary care physician and claims examiner of the appointment date and time. Your MPN physician, who is your primary care physician, will continue to direct all of your medical treatment needs.
Second and Third Opinions

Second Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by your MPN physician, you may obtain a second opinion within the MPN. During this process you are required to continue your treatment with an MPN physician of your choice. In order to obtain a second opinion you have some responsibilities:
  - Inform your claims examiner of your dispute regarding your treating physician’s opinion either orally or in writing.
  - You are to select a physician or specialist from a regional list of available MPN providers, which will be provided to you by your claims examiner upon notification of your request for a second opinion.
  - You are to make an appointment within 60 days.
  - You are to inform your claims adjuster of the appointment date and time.
  - You may waive your right to a second opinion if you do not make an appointment within 60 days from receipt of the list.
  - You have the right to request a copy of the medical records sent to the second opinion physicians.

Third Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by your MPN physician, the second opinion physician, you may obtain a third opinion within the MPN. During this process you are required to continue your treatment with a MPN physician of your choice. In order to obtain a third opinion you have some responsibilities:
  - Inform your claims examiner of your dispute regarding your treating physician’s opinion either orally or in writing.
  - You are to select a physician or specialist from the list of available MPN providers previously provided or you may request a new regional area list.
  - You are to make an appointment within 60 days.
  - You are to inform your claims adjuster of the appointment date and time.
  - You may waive your right to a third opinion if you do not make an appointment within 60 days from receipt of the list.
  - You have the right to request a copy of the medical records sent to the third opinion physician.

- At the time of selection of the physician for a third opinion, your claims examiner will notify you about the Independent Medical Review process and provide you with an application for the Independent Medical Review process (see page 5).
Independent Medical Review (IMR)

Independent Medical Review:

If you disagree with the diagnosis service, diagnosis or treatment prescribed provided by the third opinion physician, you may request an Independent Medical Review (IMR). An IMR is performed by a physician identified for you by the Administrative Director (AD) with the Division of Workers' Compensation Medical Unit of the State of California. To request an IMR you will be required to complete and file a Medical Review Application form with the AD. The AD will select an IMR who has the appropriate specialty necessary to evaluate your dispute. The AD will send you written notification of the name, address and phone number of the IMR.

You may choose to be seen by the IMR in person or you may request that the IMR only review your medical records. Whichever you choose, you will be required to contact the IMR for an appointment or to arrange for a medical record review. Your IMR should see you within 30 days from your request for an appointment. The IMR will send his/her report to the AD for review and a determination will be made regarding the dispute.

You may waive your right to the IMR process if you do not schedule an appointment within 60 calendar days from receiving the name of the IMR from the AD.

Continuity of Care Policy

Employers Compensation Insurance Company will, at the request of a covered injured employee, provide for the completion of treatment by a terminated MPN physician or provider in accordance with Labor Code §5307.27 and the adopted medical treatment guidelines.

The completion of treatment will be provided by a terminated provider to a covered injured employee who, at the time of the contract’s termination, was receiving services from that provider for one of the conditions described below, unless the provider was terminated or non-renewed for reasons related to disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) of Section 805 of the Business and Professions code, or fraud or other criminal activity.

(A) **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. Completion of treatment shall be provided for the duration of less than ninety (90) days. Completion of treatment shall be provided for the duration of the acute condition.

(B) **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 a period of at least ninety (90) days or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall 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 insurer or employer in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment under this paragraph shall not exceed 12 months from the contract termination date.

(C) **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 shall be provided for the duration of a terminal illness.

(D) **Performance of a surgery or other procedure** that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract’s termination date.
Employers Compensation Insurance Company may make a determination whether an injured covered employee’s treatment should be transferred to a physician or provider within the MPN if the above conditions are not met. Whether or not the injured covered employee is required to select a new physician or provider in the MPN, Employers Compensation Insurance Company will notify the covered injured employee in writing in both English and Spanish and use lay terms to the maximum extent possible of the determination providing a copy of the determination to the injured covered employee’s primary treating physician.

If the terminated provider agrees to continue treating the injured covered employee in accordance with (A) through (D) of this policy, and if the injured covered employee disputes the medical determination made by Employers Compensation Insurance Company, the injured covered employee shall request a report from his/her primary treating physician that addresses whether he/she falls within any of the conditions set forth in (A) through (D).

If the treating physician does not agree with the determination made by Employers Compensation Insurance Company that the injured covered employee’s medical condition does not meet the conditions set forth in (A) through (D), the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.

If the treating physician agrees with the determination made by Employers Compensation Insurance Company that the injured covered employee’s medical condition does not meet the conditions set forth in (A) through (D), the transfer of care shall go forward and the injured covered employee shall choose a new provider from within the MPN during the dispute resolution process.

If the treating physician fails to provide a report to the covered injured employee within 20 calendar days of the request from the covered injured employee, the determination made by Employers Compensation Insurance Company shall apply.

Disputes regarding the medical determination made by the treating physician concerning the continuity of care policy shall be resolved pursuant to Labor Code §4062. A copy of this policy is available upon request.
Transfer of Care Policy

For injured Covered Employees who are being treated outside of the MPN for an occupational injury or illness that occurred prior to the effective date of MPN, Employers Compensation Insurance Company will provide for the completion of treatment as noted below.

(A) If the injured covered employee is being treated by a physician or provider prior to the implementation of the MPN and the injured covered employee’s physician or provider becomes a contracted provider within the MPN, the injured covered employee shall be notified that his/her treatment is being provided under the provisions of the MPN.

(B) Injured Covered Employees who are being treated by a physician or provider outside of the MPN for an occupational injury or illness that occurred prior to the effective date of the MPN, including injured Covered Employees who pre-designated a physician and do not fall within Labor Code §4600(d), will continue to be treated outside the MPN for the following conditions:

I. **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 shall 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, catastrophic injury, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over ninety (90) days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment will be provided for a period of time necessary, up to one year from the covered employee’s receipt of notification:

   (A) to complete a course of treatment approved by Employers Compensation Insurance Company; and

   (B) to arrange for transfer to another provider within the MPN, as determined by Employers Compensation Insurance Company. The one-year period starts from the date of the injured covered employee’s receipt of the notification, as required by subdivision (f) of CCR §9767.9, of determination that an injured covered employee has a serious condition as defined.

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 shall be provided for the duration of a terminal illness.

IV. **Performance of a surgery or other procedure** that is authorized by Employers Compensation Insurance Company 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.

Employers Compensation Insurance Company may make a determination whether an injured covered employee’s treatment should be transferred to a physician within the MPN if the above conditions are not met. All transfer of care determinations will be in writing in both English and Spanish and use lay terms to the maximum extent possible, and will be sent to the injured covered employee’s residence and a copy of the letter shall be sent to the injured covered employee’s primary treating physician.
If the injured covered employee disputes a transfer determination made by Employers Compensation Insurance Company, he/she must request a report from their primary treating physician that addresses whether the injured covered employee falls within any of the conditions set forth in (I) through (IV).

1) If the treating physician agrees with the determination made by Employers Compensation Insurance Company that the injured covered employee’s medical condition does not meet the conditions set forth in (I) through (IV), the transfer of care shall go forward during the dispute resolution process.

2) If the treating physician does not agree with the determination made by Employers Compensation Insurance Company that the injured covered employee’s medical condition does not meet the conditions set forth in (I) through (IV), the transfer of care shall not go forward until the dispute is resolved.

3) If the treating physician fails to provide a report to the covered injured employee within 20 calendar days of the request from the covered injured employee, the determination made by Employers Compensation Insurance Company shall apply.

Until the injured covered employee is transferred into the MPN, the employee’s physician may make referrals to providers within or outside the MPN. Disputes regarding the medical determination made by the treating physician concerning the transfer of care shall be resolved pursuant to Labor Code §4062. A copy of this policy is available upon request.