

# **Berkshire Hathaway GUARD Insurance Companies**

## **Medical Provider Network Site Coordinator Guide**

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## Table of Contents

<b>SITE COORDINATOR GUIDE</b>	Page 1
Background	
Your MPN contact	
When any work-related injury or illness occurs	
When an injured employee may receive treatment outside of the MPN from a non-network provider/facility	
Distribution of employee communications	
Information about the MPN	
<b>MPN PROGRAM – SITE COORDINATOR INSTRUCTIONS</b>	Page 3
What to do if an employee is injured at work	
Additional information that may be helpful	
<b>SAMPLE INDEPENDENT MEDICAL REVIEW LETTER</b>	Page 6
<b>INDEPENDENT MEDICAL REVIEW</b>	Page 7
<b>ACCESS STANDARDS</b>	Page 8
<b>ATTACHMENT I</b>	Page 9
Continuity of Care Policy	
<b>ATTACHMENT II</b>	Page 12
Transfer of Ongoing Care Policy	

# 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 and address any questions you may have to the MPN contact designated below. The most important document in this Guide is the ***MPN Program – Site Coordinator Instructions***. (See page 3.)

Our company provides you with Workers' Compensation insurance through Berkshire Hathaway GUARD Insurance Companies which, in turn, have a contractual relationship with Coventry Workers' Comp Services that allows us 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.

## **Your MPN contact**

The MPN contact will coordinate the MPN Program with the operating sites you are responsible for. A member of Berkshire Hathaway GUARD's Provider Relations Department has been designated as your MPN contact should you have any questions. You may reach the Provider Relations Department by calling 1-800-673-2465.

## **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. An MPN provider panel listing has been provided to your employer and should be posted in the workplace. In addition to the panel, a listing of other MPN providers can be accessed at <http://www.geoaccess.com/cvty/client.asp>. (Your Client ID was provided in the introductory site coordinator letter mailed to you with your Workers' Compensation policy.)

## **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 his/her 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 an 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. If you have any problems with prompt delivery, please alert the MPN contact at 1-800-673-2465.

### **Information about the MPN**

There is additional information you must read to familiarize yourself with the MPN program, including 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, 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 his/her right to choose another MPN provider after this initial visit.

Note: The employee has the right to see a doctor close to his/her 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.

#### **3. Communicate**

Give the injured employee the MPN Employee Handbook and information on how to access the Coventry MPN list of providers in his/her geographic area.

#### **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 that he/she is disputing the treating physician's opinion and is 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 of the appointment date.

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

1. provide a list 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;
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.

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 that he/she is disputing the treating physician's opinion and is 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 of the appointment date.

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

1. provide a list 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;
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; and
6. provide the employee with a written description of the Independent Medical Review process. (See page 6 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 and the employer within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later.

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 INDEPENDENT MEDICAL REVIEW 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 from the Administrative Director of the California 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. You may obtain the application form from your MPN contact. After the Administrative Director receives the application, the Director or an Independent Medical Review organization will assign a doctor for your Independent Medical Review.

Your MPN contact will give the Independent Medical Review doctor all of the information that was reviewed by your primary treating doctor, second opinion doctor and third opinion doctor to make the diagnosis and recommend the treatment. 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.

You have the right to schedule the Independent Medical Review examination at a time that is convenient for you.

The Independent Medical Review 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.

If the Independent Medical Review 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.



## **INDEPENDENT MEDICAL REVIEW**

The employee must obtain a second and third opinion before he/she can request an Independent Medical Review. 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.

The employee may obtain an Independent Medical Review by submitting an application to the Administrative Director. The MPN contact must provide an application form upon request. The Administrative Director or an Independent Medical Review organization will assign the independent medical reviewer.

The MPN contact must 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. It is the employee's right to schedule when the examination is to take place.

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 the employee's 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, the employee may seek the disputed treatment or diagnostic service from a physician of his/her choice from within or outside the MPN. The employer must pay for the cost of any approved medical treatment.

## ACCESS STANDARDS

1. A covered employee will have a residence or workplace within 30 minutes or 15 miles of 1) a MPN primary care physician and 2) a hospital for emergency care, or if separate from such hospital, a provider of all emergency health care services.
2. A covered employee will have a residence or work place within 60 minutes or 30 miles of other occupational health services and specialists.
3. The accessibility standards set forth in number 1. and/or 2., above, would be considered unreasonably restrictive in rural areas or areas in which health facilities are located at least 30 miles apart. The MPN 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 workplace within 60 miles of a MPN primary care physician and within 100 miles of a hospital and other occupational health services and specialists.
4. The following is the MPN's written policy for arranging or approving medical care if an employee is working or traveling for work or requires treatment outside of the service area when the need for medical care arises:

When an employee has a work-related, non-emergency 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 Employee Handbook.

5. 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.

# ATTACHMENT I

MPN Policy and Procedure  
Continuity of Care

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

Revised Date: \_\_\_\_\_

Approval: \_\_\_\_\_

Page 1 of 3

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## **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. 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 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.

## ATTACHMENT II

MPN Policy and Procedure  
Transfer of Ongoing Care

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

Revised Date: \_\_\_\_\_

Approval: \_\_\_\_\_

Page 1 of 2

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### **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.

**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 that 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 not more than 30 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 determination that the employee has a serious chronic condition.

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- 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.** Once the Employer/Insurer makes a determination regarding the injured covered employee's medical condition, the Employer/Insurer will notify the covered employee at 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 a language understandable to the employee.
  - 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. 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.