



To All Employees:

Your employer is committed to your well being and safety at work. 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.

Your employer has chosen us to provide Workers' Compensation coverage to you. We, in turn, work with Coventry Workers' Comp Services to provide you with a Medical Provider Network (MPN) comprised of 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 your employer.

Under the MPN program, you will be provided:

- a primary care 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.

Berkshire Hathaway GUARD Insurance Companies

Medical Provider Network

Employee Handbook

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**THE PURPOSE OF THE
MEDICAL PROVIDER NETWORK (MPN)
WORKERS' COMPENSATION INJURIES AND ILLNESSES ONLY**

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 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, 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.

Description of services

Your employer is responsible for providing medical care. An MPN must 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 including:

- a primary treating physician within 30 minutes or 15 miles of your residence or workplace;
- other occupational health services and specialists within 60 minutes or 30 miles of your residence or workplace;
- access to medical care in rural areas;
- emergency health care services;
- medical care if you are working or traveling outside of the geographic services area or temporarily reside outside of the service area during recovery;
- medical care if you no longer work for your employer, live outside of the service area and your employer has ongoing workers' compensation obligations; and
- all services will be available and accessible at reasonable times to all covered employees with a residence or workplace beyond 30 miles of an MPN health facility from an out of network, non-contracted provider.

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 an 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 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.
3. 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 found on-line. Work with your Site Coordinator to access this listing.

What to do if you have trouble getting an appointment

For non-emergency services the MPN applicant will ensure that an initial appointment for initial treatment is available within 3 business days. If you have trouble getting an appointment for non-emergency services with an 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.

CHANGING PROVIDERS AND OBTAINING SECOND AND THIRD 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.

"In your area" means a regional area listing of all providers within a 15-mile radius of an employee's worksite and/or residence or a listing of all MPN providers in the county where the employee resides and/or works if the employer or insurer cannot produce a provider listing based on a mile radius or by choice of the employer or insurer, or upon request of the employee.

If the listing described above does not provide a minimum of three physicians of each specialty, then the listing shall be expanded by adjacent counties or by 5-mile increments until the minimum number of physicians per specialty are met.

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 workplace 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 prescribed by the primary treating physician or 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(s) 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;
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; and
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 third 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 and your employer 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 at P.O. Box 71010, Oakland, California 94612. 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 or an Independent Medical Review organization 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.

CONTINUITY OF CARE

Attachment I 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** is your employer's Transfer of Ongoing Care Policy. You may request an additional copy of this policy.

MEDICAL CARE - FORMER EMPLOYEES AND EMPLOYEES TRAVELING OUTSIDE SERVICE AREA

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.

A covered employee authorized by the employer to temporarily work or travel for work outside the MPN geographic service area when the need for medical care arises are also covered by the written policy of a choice of at least three physicians. Referred physicians shall be located within the access standards described in the **"Description of Services"** section of this **Employee Handbook**.

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.

SITE COORDINATOR INFORMATION

The following is the contact information for your Site Coordinator:

Contact's name: _____

Contact's address: _____

Contact's phone and fax number: _____

MPN CONTACT INFORMATION

The following is the contact information for your MPN contact:

Phone:

Fax:

E-mail:

ATTACHMENT I

MPN Policy and Procedure
Continuity of Care

Effective Date: _____

Revised Date: _____

Approval: _____

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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.

Effective Date: _____

Revised Date: _____

Approval: _____

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- 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: _____
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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 an 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.

- 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.