



## CLARENDON / TOTAL MANAGED CARE MEDICAL PROVIDER NETWORK (MPN)

### Initial Employee Notice of the Clarendon/TMC Medical Provider Network

Dear Employee:

Effective May 16, 2005, your employer has implemented the Clarendon/TMC Medical Provider Network, for all workers' compensation claims. The MPN is designed to provide you with access to treatment for any work-related injury or illness by health care professionals specializing in occupational health care.

The Clarendon/TMC Medical Provider Network consists of more than 3,500 health care professionals and facilities across California. This network has been certified by the State of California as capable of providing the comprehensive range of services necessary to treat occupational injuries.

Clarendon is your employer's workers' compensation insurance carrier, and AARLA is the workers' compensation claims administrator. TMC is a utilization review and nurse case management consultative firm working in association with AARLA to administer the MPN. To obtain or access the MPN provider directory, you may use our website, [www.aarla.com](http://www.aarla.com), and click on the "Provider Lookup" link on the Medical Provider Network page, or contact your employer, or call the MPN Call Center (866) 536-2853 and a representative will assist you.

Below is a summary of the MPN and your responsibilities if you have a work-related injury or illness.

#### **IF YOU HAVE A WORK-RELATED INJURY OR ILLNESS**

**Emergencies:** In an emergency, call 911 or go to the nearest emergency medical center and contact your supervisor as soon as possible. Your supervisor will need to provide you with a claim form, and will need to contact AARLA at 1-800-500-3744 as soon as possible to report the injury. When you notify your employer or insurer that you have had a work-related injury, your employer or AARLA will arrange an initial appointment with a doctor in the MPN.

"Emergency Health Care Services" are defined as those 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.

**Non-Emergencies:** For non-emergency situations, if you have not pre-designated your personal physician prior to your injury, you will need to contact your employer to obtain your primary treating physician within the MPN for your initial treatment. Your employer keeps on display a posting notice containing information about the primary designated MPN provider. The MPN has primary treating physicians available within 15 miles, or 30 minutes, or specialty care within 30 miles or 60 minutes from your work or residence. If you need further assistance in getting information about your initial treating physician within the MPN, consult with your employer or you may also call the MPN Call Center at (866) 536-2853.

#### **IF YOU HAVE PRE-DESIGNATED YOUR PERSONAL PHYSICIAN PRIOR TO AN INJURY**

If you have pre-designated your personal physician prior to an injury, you may seek care from this physician.

**IMPORTANT:** You may only pre-designate your personal physician prior to the injury if: 1) Your employer offers a group health plan or insurance; 2) You have received care with the physician prior to the injury; 3) The physician retains your medical records; and, 4) the physician agrees to be your primary treating physician. **If your physician does not agree to participate in this capacity, you will be required to seek care with an MPN provider. This pre-designation must be in writing and on file with the employer.** Request the "Employee Physician Pre-Designation Form" from your employer should you decide to pre-designate.

## **OBTAINING AUTHORIZATION PRIOR TO TREATMENT**

Your treating physician must obtain prior authorization from AARLA for medical treatment services. AARLA uses the services of TMC for utilization review and peer review to evaluate your physician's treatment plan and render a recommendation. You, your physician, and the claims adjuster will receive a copy of the utilization review/peer review recommendation. If your treatment is not approved (non-certified), you may request an appeal by following the appeal instructions found on the non-certification notice.

## **OBTAINING A REFERRAL TO A SPECIALIST**

You should discuss a referral to a specialist with your primary treating doctor to make sure you will be referred to the correct type of specialist to treat your particular work-related injury or illness. If you are referred to a specialist, the provider must be within the MPN. If you need assistance locating an MPN specialist near your workplace or home, you may consult with your MPN Site Coordinator, consult the MPN website at [www.aarla.com](http://www.aarla.com), or contact the MPN call center at (866) 536-2853.

## **DIFFICULTY IN GETTING AN APPOINTMENT**

If you are having trouble getting an appointment for non-emergency services with an MPN physician within three business days of AARLA's receipt of your request, you should contact your AARLA claims adjuster immediately at 800-500-3744 if you are not represented by an attorney, or contact your attorney if you are represented. If you are unable to get an appointment with a specialist within the MPN within twenty business days of AARLA's request, contact AARLA at the above number. If you require further assistance, you may contact the MPN call center at (866) 536-2853.

## **CHANGING YOUR PROVIDER**

You have the right to change your doctor, however, **all medical treatment must be provided within the MPN**. If you need assistance locating a new MPN provider, contact your Site Coordinator or the MPN Call Center to get a listing of the MPN providers in the area, or you may consult the [www.aarla.com](http://www.aarla.com) website. You may contact the MPN call center at (866) 536-2853 for further assistance. If you decide to change doctors, it is your responsibility to advise the AARLA claim adjuster immediately.

## **REQUESTS FOR A SECOND OR THIRD OPINION**

If you dispute either the diagnosis or the treatment plan prescribed by your treating physician, you may obtain a second opinion, and if necessary, a third opinion from physicians within the MPN.

During this process, you must remain within the MPN for treatment.

### **For obtaining a second opinion, it is YOUR responsibility to:**

- Inform the AARLA claims examiner that you dispute the treating physician's opinion and you are requesting a second opinion.
- Select a physician or specialist from a list of available MPN providers.
- Make an appointment with the second physician within 60 days.
- Inform the AARLA claims examiner of the appointment date.

### **For obtaining a second opinion, it is AARLA's responsibility to:**

- Provide a list 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.
- Contact your treating physician.
- Provide a copy of the medical records or send the necessary medical records to the second opinion physician prior to the appointment.
- Provide a copy of the records to you upon request.
- Notify the second opinion physician in writing that he/she has been selected to provide a second opinion and the nature of the dispute. A copy of this letter will be sent to you.

If you do not make the 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 AARLA so that the AARLA claims examiner 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, **following the same procedure as above for requesting a second opinion.**

### **Independent Medical Review**

You must obtain a second and a third opinion before requesting an Independent Medical Review (IMR). If you disagree with either the diagnosis or treatment prescribed by the third opinion physician, you may file a request for an IMR with the State of California Division of Workers' Compensation Administrative Director.

You may obtain an IMR by submitting an application to the Administrative Director. Upon receiving your request for a third opinion, the AARLA Claims Examiner will provide you with the IMR application and instructions form by which you would request an IMR in the event you dispute the findings of the third opinion physician. The Administrative Director, or an independent medical review organization, will assign the independent medical review doctor, who may, at your request, conduct a medical examination during the review.

The AARLA claims examiner will provide the independent medical reviewer with a copy of all relevant medical records. 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(s) met the State's treatment guidelines. The report must be issued within 20 days of the examination or record review, 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 does not agree with the disputed treatment, diagnostic service or medical treatment prescribed by the treating physician, you have the right to receive this service or treatment from any doctor you choose within or outside the MPN and AARLA will pay for approved treatment. If you choose to receive medical treatment with a physician outside the MPN, the treatment is limited to the treatment or the diagnostic service recommended by the IMR.

### **IF YOU ALREADY HAVE A WORKERS' COMPENSATION CLAIM AT THE TIME YOU RECEIVE THIS NOTICE**

If you already have a workers' compensation claim, you may qualify to continue treatment with your current provider under the MPN Transfer of Care Policy if your condition is acute, serious or chronic, a terminal illness, or for a surgery scheduled to take place within 180 days. If your physician is already a member of the MPN, you can continue to treat as before. If your physician is not a member of the MPN, then your employer has the right to transfer your future care to a doctor within the MPN. If this occurs, you and your current physician will be notified.

For further information about this policy, contact your claims adjuster if you are not represented by an attorney, for questions or advice on your options. If you are represented, consult with your attorney. A copy of the Transfer of Care Policy is available upon request from your employer.

### **IF YOUR PHYSICIAN LEAVES THE MPN OR IS TERMINATED FROM THE MPN**

If your physician leaves the MPN, your claims adjuster will advise you on your options for continued treatment as approved under the MPN Continuity of Care Policy. In some instances, the physician may continue to treat you in accordance with the Policy. If you have any additional questions, please contact your employer or contact the MPN Call Center at (866) 536-2853.

### **MPN EMPLOYEE HANDBOOK**

Accompanying this letter is an Employee Handbook providing more specific instructions on how to access the MPN and guide you through the process. **Read this information carefully, and contact your employer, or the MPN call center at (866) 536-2853 if you have additional questions. You are responsible for understanding the information contained in the handbook, and for promptly reporting any work injuries to your employer.**