

CLARENDON / TOTAL MANAGED CARE MEDICAL PROVIDER NETWORK (MPN)

EMPLOYER RESPONSIBILITIES

The Clarendon/TMC MPN has been created to facilitate prompt access for your employees' medical care for any industrial injury or illness by health care professionals specializing in occupational health care. The aim of the MPN is to provide your employees injured on the job with prompt, appropriate and quality treatment so they may return to work safely and with minimal lost time. Your help is needed to accomplish this goal.

The following information instructs you about your responsibilities concerning the MPN, particularly about the requirement to provide your employees with 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:

Employee Notice of the Medical Provider Network

- Each current employee **must** receive this notice (in English and in Spanish) **immediately**. You may distribute the notice with a payroll check or by any other method that will ensure that each employee receives it.
- If you offer a group health plan or insurance, you must advise the employee of his or her right to pre-designate his or her own treating physician rather than use the MPN for an industrial injury or illness, and provide your employees with the enclosed form titled Employee Physician Pre-Designation Form. An employee wishing to pre-designate a personal physician must complete and sign the form, have it signed by a consenting physician and return it to you. Retain a copy of the form in the employee's personnel file, and send the form to: Total Managed Care, Attn.: MPN Coordinator, PO Box 9839, Fresno, CA 93794-9839.

Clarendon TMC Medical Provider Network Employee Handbook

- This handbook is designed to provide information and answer questions about the MPN.
- Distribute a copy of the handbook to each of your employees promptly. This is required by law.
- New employees must by law receive a handbook at the time of hire.

Acknowledgment of Receipt of Notice of the Medical Provider Network

- Each employee **must** complete and sign the form
- Retain the completed form in the employee's personnel file
- Submit a **listing** of all employees who receive the MPN information to the Clarendon/TMC MPN Coordinator at the address or fax number indicated above. A form is attached to this notice for your convenience.
- You must advise the Clarendon/TMC MPN Coordinator of all new hires who receive the MPN information throughout the year.

You must retain and make available for review the following information:

Clarendon TMC's Continuity of Care Policy

- The Continuity of Care Policy makes clear what Clarendon/TMC is required by law to do if a provider that is terminated from the Clarendon TMC MPN is treating an injured employee

Clarendon TMC's Transfer of Care Policy

- The Transfer of Care Policy makes clear what Clarendon/TMC is required by law to do if one of your injured employees is treating with a provider who is not in the MPN when the MPN becomes effective.

If an injury occurs, you are required to:

- Provide a copy of the MPN Handbook to an injured employee along with a DWC-1 claim form.
- In the event of an emergency, direct your employee to the nearest medical provider or hospital.
- In a non-emergency situation, direct your employee to a doctor who is in the MPN within 24 hours.

To find MPN providers in your geographic area, consult the website www.aarla.com, or call the MPN call center at (866) 536-2853.

Review the MPN Site Coordinator Guide, as it contains helpful information for your designated MPN Contact.

CLARENDON / TOTAL MANAGED CARE MEDICAL PROVIDER NETWORK (MPN)

Listing of Employees Who Received the MPN Information

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

_____ (# of employees)	_____ (Policy Number)	_____ (Employer Name)	_____ (Work Location)
---------------------------	--------------------------	--------------------------	--------------------------

_____ (Policy Period)	_____ (Broker Name)	_____ (Employee Contact Name)
--------------------------	------------------------	----------------------------------

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. The form can be found on the Medical Provider Network link on our website, www.aarla.com)

Submit this page to: Total Managed Care, Attn.: MPN Coordinator, PO Box 9839, Fresno, CA 93794-9839; fax it to 559-274-0259, Attn: MPN Coordinator; **or** email the information to: mpnhelp@aartpa.com