

CLARENDON/TMC

**MEDICAL PROVIDER
NETWORK**

EMPLOYEE HANDBOOK

To All Employees:

Your employer is committed to your well-being and safety at the workplace. 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 the Clarendon/TMC Medical Provider Network (MPN) as the network of medical providers in the case of a work injury. The MPN is a Workers' Compensation Provider Network built around Occupational Care Providers.

The Clarendon TMC MPN became effective May 16, 2005.

The MPN will be delivered through TMC's network of medical providers and facilities. Clarendon National Insurance Company is your employer's workers' compensation insurance carrier, and AARLA is the workers' compensation claims administrator. TMC is a consultative medical management firm specializing in utilization review and telephonic case management, working in association with AARLA to administer the MPN.

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.

This MPN Employee Handbook will provide you with the information to help you through your work-related injury or illness.

MPN EMPLOYEE HANDBOOK

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THE PURPOSE OF THE MEDICAL PROVIDER NETWORK

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 telephonic nurse case manager 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 information below 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 including:

- A Primary Care Physician within 30 minutes or 15 miles of your residence or work place
- Other occupational health services and specialists within 60 minutes or 30 miles of your residence or work place
- Access to medical care in rural areas
- Emergency health care services, and
- Medical care if you are working or traveling outside of the geographic services area, if you are a former employee and permanently reside outside the service area, or if you decide to temporarily reside outside the service area during recovery

IMPORTANT: REPORT YOUR INJURY IMMEDIATELY

In the event of an emergency (defined below on this page), or if urgent care is needed, please call 911 or 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 work place, 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 call 911 or go to the nearest hospital. Never delay seeking medical treatment if you are seriously injured or ill.

VERY IMPORTANT:

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 non-occupational group health plan or insurance; 2) You have received care with the physician prior to the injury; 3) The physician retains your medical records; 4) the physician agrees to be your primary treating physician; and 5) The physician must be either a physician who has limited her or her practice of medicine to general practice, or who is a board-certified internist, pediatrician, obstetrician-gynecologist, or family practitioner. **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.** You will be given an “Employee Physician Pre-Designation Form” at the time of the effective date of the MPN (or upon hire, if you are hired after the MPN effective date). Should you decide to pre-designate at a later time and require another form, request it from your employer.

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 a 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 work place. If you have to travel more than 15 miles or 30 minutes to see your treating doctor or an emergency health care provider, or 30 miles or 60 minutes to see a specialist, you should advise your AARLA claims adjuster.

If you live in a rural area where no network providers are available, more than 15 miles or 30 minutes in terms of your treating doctor or an emergency health care provider, or more than 30 miles or 60 minutes in the case of a specialist, you may seek treatment with a provider who is not in the MPN. The instructions that follow will help you choose a doctor.

State Law requires that 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 indicated above.

For an emergency, or urgent care situation, call 911 or 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 provide you with a DWC-1 Claim Form, a copy of the MPN handbook as required by law, and 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.

Out-of-Area Medical Care

If you need non-emergency medical care in connection with your industrial injury or illness, and either: 1) are authorized by your employer to temporarily work or travel for work outside the MPN geographic service area when the need for medical care arises; 2) are a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the MPN geographic service area; and/or; 3) are an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery; the following procedure will be applied:

1. You will be provided the choice of at least three physicians outside the geographic service area who either have been referred by the employee's primary treating physician within the MPN or who have been selected by AARLA.
2. In addition to 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.
3. The referred physicians will be located within the access standards described on page 2 – you may choose an out-of-network, non-contracted provider if the referred physician is more than 30 miles or 60 minutes from where you work or live.
4. For non-emergency services, AARLA will have an appointment for initial treatment available within 3 business days of the AARLA's receipt of a request for treatment within the MPN.
5. For non-emergency specialist services to treat common injuries experienced by the covered employees based on the type of occupation or industry in which the employee is engaged, AARLA will have an appointment available within 20 business days of AARLA's receipt of a referral to a specialist within the MPN.
6. If the primary treating physician refers you to a type of specialist not included in the MPN, you may select a specialist from outside the MPN.
7. Once you return to the service area, medical care will be transferred to a provider within the MPN.

What To Do If You Have Trouble Getting an Appointment

If you have trouble getting an appointment for non-emergency services with a 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 AARLA claims adjuster at 800-500-3744, or contact your attorney if you are represented. Your AARLA claims adjuster will work with the MPN to assist you in getting an appointment in a timely manner. If you require further assistance, you may contact the MPN call center at (866) 536-2853.

CHANGING PROVIDERS & SECOND /THIRD OPINIONS

Changing Your Provider

Your employer has selected an initial medical provider to treat you for your work injury. However, you have the right to change your doctor if you are not happy with the doctor treating your work-related injury or illness, but even so, **medical treatment must still be provided inside the MPN.** To get a listing of MPN doctors in your area, you may consult with your MPN Site Coordinator, consult the MPN website at www.aarla.com, or contact the MPN call center at (866) 536-2853. If you decide to change doctors, it is your responsibility to advise the AARLA claims adjuster immediately.

How To Obtain A Referral To A Specialist

If your treating physician cannot provide you the care needed for recovery, he or she may refer you to an MPN specialist that is appropriate to address your particular injury or illness. If the primary treating physician refers you to a type of specialist not included in the MPN, you may select a specialist from outside the MPN network. 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, or contact the MPN call center at (866) 536-2853. Referred physicians will be located within 60 minutes or 30 miles from where you work or live, or if none are available within this distance, you may select a specialist who is an out-of-network, non-contracted provider.

How To Use the Second and Third Opinion Process

If you dispute either the diagnosis or the treatment that is recommended by 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 or another physician of your choice within the MPN.

For obtaining a second opinion, it is your responsibility to:

1. Inform the AARLA Claims Examiner either orally or in writing that you dispute the treating physician's opinion and you are requesting a second opinion.
2. Select a physician or specialist from a regional area listing of available MPN providers.
3. Make an appointment with the second physician within 60 days.
4. Inform the AARLA Claims Examiner of the appointment date.

For obtaining a second opinion, it is AARLA'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.
2. Contact your treating physician.
3. Provide a copy of the medical records or send the necessary medical records to the 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 or she has been selected to provide a second opinion and the nature of the dispute with a copy of the notification provided to you.

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 or she determines that your injury is outside the scope of his or her practice, the second opinion physician will notify you and AARLA so that AARLA 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 will be given to you, the person designated by your employer or insurer, and the treating physician within 20 days of the date of your appointment or receipt of the results of the diagnostic tests, whichever is later.

You will be allowed to obtain the recommended treatment within the MPN network. You may obtain this recommended treatment by changing physicians to the second opinion physician, to a third opinion physician (if you seek the opinion of a third physician within the MPN), or another physician within the MPN.

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 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 (IMR). 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 IMR by submitting an application to the Administrative Director. Upon receiving your application, 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 will assign the Independent Medical Reviewer, who may, at your request, conduct a medical examination during the review.

AARLA will provide the Independent Medical Reviewer with a copy of all relevant medical records, and will send you a copy of the documents sent to the IMR. You may also furnish any relevant medical records or additional materials to the IMR, with a copy to AARLA. 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 20 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 does not agree with the disputed diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you have the right to receive this treatment from any doctor you choose, inside 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.

MEDICAL BILLS

All medical bills resulting from your work-related injury or illness should be sent directly to AARLA. TMC may review the charges to make sure they are correct. AARLA 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 AARLA. You can direct any questions regarding your benefits to your employer.

DISPUTES

What If My Employer Disputes My Injury

You may be entitled to receive treatment even if your employer initially disputes your injury. The injury is presumed to be work-related if the claim is not denied within 90 days of the date the claim form is filed. Until the date that liability for the claim is accepted or 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, or if you pre-designated a treating physician.**

CONTINUITY OF CARE

What Happens If Your Provider Is Terminated From the MPN

Attachment A is a copy of your employer's **Continuity of Care Policy**. This Policy provides for the completion of treatment by a doctor who has been terminated from the MPN for certain medical conditions.

TRANSFER OF ONGOING CARE

What Happens if You Already Have a Workers' Compensation Claim Prior to the Effective Date of the MPN

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 B** is your employer's **Transfer of Ongoing Care Policy**.

MPN CONTACT INFORMATION

The following is the contact information for the Clarendon/TMC MPN:

MPN Call Center:

Phone: 866-536-2853
Email: mpnhelp@aartpa.com
Website address: www.aarla.com

Attachment A

Continuity of Care Policy

Completion of Treatment by a Terminated Provider

AARLA/TMC will comply with the provisions set forth in California Labor Code Sections 4616.2(d) and (e) when the covered employee requests completion of treatment by a terminated provider. AARLA 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 the employee. AARLA/TMC will comply with the requirements of LC §4616.2(d) and (e) as follows:

- AARLA/TMC will provide either verbal or written notice to the injured employee of the termination from the MPN of his or her treating provider.
- AARLA/TMC will arrange for transfer of care to another MPN provider or will provide for the completion of treatment with the terminated provider according to LC §4616.2(d).
- If the injured employee requests completion of treatment with the terminated provider, the AARLA claim adjuster will review the claim for compliance to LC §4616.2(d).
- If the injured employee meets the criteria as defined by LC §4616.2(d), AARLA will provide:
 - Completion of care for up to 90 days of treatment for an “acute condition” as defined in LC §4616.2(d)(3)(A) as “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 the acute condition.
 - Completion of care for the period of time necessary to complete a course of treatment for a “serious chronic condition” up to one year from the date of determination that the injured employee has a “serious chronic condition” defined in LC 4616.2(d)(3)(B) as “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”. This extended period of time” is further defined in 8 CCR 9767.10(c) as having “a duration of at least ninety days.” Completion of care 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 in consultation with the employee and the terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.
 - Completion of care for the duration of a “terminal illness” as defined in LC §4616.2(d)(3)(C) as “an incurable or irreversible condition that has a high probability of causing death within one year or less.
 - Performance of surgery or other procedure that has been authorized as part of a documented course of treatment and will occur within 180 days from the contract termination date as discussed in LC §4616.2(d)(3)(D).
- AARLA/TMC will notify terminated providers whose services are continued beyond the contract termination date pursuant to LC §4616.2(d)(4)(A) that they must agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination. The AARLA claim adjuster may direct the injured employee to an MPN provider if the terminated provider does not agree to comply with the prior contractual terms and conditions.

- Unless otherwise agreed by the terminated provider and AARLA/TMC, the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those used by AARLA/TMC for currently contracting providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. The AARLA claims adjuster may direct the injured employee to an MPN provider if the terminated provider does not accept the payment rates provided for in this paragraph.
- If the terminated provider was terminated for cause, fraud, or other criminal activity, the injured employee shall be transferred to an MPN provider.
- Nothing stated above prohibits AARLA from agreeing to provide continuity of care with a terminated provider should AARLA determine that it is in the best interest of the injured employee to continue treatment with the terminated provider.
- **Dispute Resolutions:**
 - After AARLA makes a determination of the employee's medical condition, AARLA will notify the employee (with a letter written in English and in Spanish sent to the employee's residence and a copy that will be sent to his or her physician, using layperson's terms to the maximum extent possible), advising whether or not he or she will be required to select a new provider from within the MPN.
 - If the terminated provider wishes to continue to treat and if the injured employee disputes the medical determination, he or she will be required to request a report from the treating physician that addresses whether his or her medical determination falls into any of the four conditions referenced above (as set forth in Labor Code 4616.2(d)(3)). The treating physician will be required to provide this report within 20 calendar days from the request. If the treating physician fails to issue the report, then AARLA's determination shall apply.
 - If AARLA disputes the medical determination by the treating physician, the dispute will be resolved using the QME process pursuant to Labor Code section 4062.
 - If the treating physician agrees with AARLA's determination that the injured employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the employee will be required to select a new provider from within the MPN during the dispute resolution process.
 - If the treating physician does not agree with AARLA's determination that the injured employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the injured employee shall continue to treat with the terminated provider until the dispute is resolved.

Attachment B

Transfer of Care Policy

AARLA/TMC will comply with the provisions set forth in California Code of Regulations, Title 8, §9767.9 regarding Transfer of Ongoing Care into the MPN.

If a provider delivering ongoing care for a covered injured employee is already participating in the newly implemented MPN, AARLA will notify the injured employee that his or her treatment is being provided by his or her physician or provider under the MPN provisions. There will be no need to transfer care.

If a provider delivering ongoing care for a covered injured employee prior to the inception of the MPN is **not** a provider under the Clarendon/TMC MPN, AARLA as the claims administrator will provide:

- Completion of care for up to 90 days of treatment for an “acute condition” as defined in 8 CCR §9767.9(e)(1) as “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 90 days”. Completion of treatment shall be provided for the duration of the acute condition.
- Completion of care for the period of time necessary to complete a course of treatment for a “serious chronic condition” up to one year from the date of determination that the injured employee has a “serious chronic condition” as defined in 8 CCR §9767.9(e)(2) as “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 care shall be provided for a period of time necessary, up to one year: (A) to complete a course of treatment approved by AARLA; and (B) to arrange for transfer to another provider within the MPN, as determined by AARLA. The one year period of completion of treatment starts from the date of the injured employee’s receipt of the notification of the determination that the employee has a serious chronic condition
- Completion of care for the duration of a “terminal illness” as defined in 8 CCR 9767.9(e)(3) as “an incurable or irreversible condition that has a high probability of causing death within one year or less”.
- Performance of surgery or other procedure that has been authorized as part of a documented course of treatment and will occur within 180 days from the MPN coverage effective date as discussed in 8 CCR 9767.9(e)(4).

Until the injured covered employee is transferred into the MPN, the employee’s physician may make referrals to providers within or outside the MPN.

AARLA will conduct an assessment of the injured employee’s medical condition prior to any determination that the ongoing care does not meet any of the above criteria and therefore could be eligible for a transfer into the MPN. This assessment may involve the guidance of a TMC nurse case manager.

AARLA will send notification of the determination of the transfer of care to the injured employee’s residence and to the injured employee’s primary treating physician. The notification will be provided in English and Spanish and will use layperson’s terms to the maximum extent possible.

If the injured employee disputes the medical determination that transfer of care into the MPN is appropriate, he or she must request a report from the primary treating physician addressing whether the ongoing care falls within any of the conditions identified above. The treating physician must provide the report to the employee within 20 calendar days of the request. If the treating physician fails to issue the report, then AARLA's determination regarding completion of treatment shall apply.

If the primary treating physician agrees with AARLA's determination that the injured employee's medical condition does not meet the conditions identified above (as set forth in 8 CCR 9767.9(e)(1) through (4)), the transfer of care shall proceed during the dispute resolution process.

If the primary treating physician disagrees with AARLA's determination that the injured employee's medical condition does not meet the conditions identified above (as set forth in 8 CCR 9767.9(e)(1) through (4)), the transfer of care shall not proceed until the dispute is resolved.

Any dispute concerning the medical determination made by the primary treating physician concerning transfer of care will be resolved by the QME process pursuant to LC §4062.

Referrals made to providers subsequent to the implementation of the MPN are to be made to a provider within the MPN.

Nothing stated above prohibits AARLA from agreeing to provide care outside the MPN should AARLA determine that it is within the best interest of the injured employee to continue treatment with the non-MPN provider.