



Medical Provider Network (MPN)

Employee Handbook

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THE PURPOSE OF THE MEDICAL PROVIDER NETWORK

An injured worker deserves timely, quality medical care. The WellComp Medical Provider Network (MPN) is a network of doctors and medical providers 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, 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, and other medical providers who are part of the MPN, unless otherwise authorized.

HOW TO ACCESS THE MPN

Your employer has designated Medical Audit and Management and the WellComp MPN as coordinators to help you use the MPN if you sustain a work related injury or illness. Your workers' compensation claims examiner should be your first contact if you have questions about your workers' compensation coverage. Either your claims examiner or WellComp Patient Services Department may be contacted if you have questions about the MPN.

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 workplace;
- Other occupational health services and specialists within 60 minutes or 30 miles of your residence or workplace;
- At least 3 physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry;
- Access to medical care in rural areas;
- Emergency health care services; and
- Medical care if you are working, traveling, or living outside of the geographic services area.

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 supervisor know as soon as possible.

If your job-related injury or illness is not an emergency, please let your supervisor 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 supervisor know. Your supervisor will provide you with a regional area listing of the MPN doctors if you require additional medical care or you may call the WellComp Patient Services Department.

Definition of Emergency Care

"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 supervisor.

Remember, if you need emergency treatment, go to the nearest hospital or emergency care facility. 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 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 workplace. Providers are available within 15 miles or 30 minutes for your treating doctor and within 30 miles or 60 minutes for your specialist. If you live in a rural area, the travel distance and/or travel time may be greater than the time frames 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 supervisor, your supervisor will give you the name of a doctor and will make an appointment 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 supervisor, claims examiner, or WellComp Patient Services department who has a complete listing of MPN providers; or
2. Your Employer will have a list of providers available at your job site.

What to do if you have trouble getting an appointment

For non-emergency services, if you have trouble getting an appointment for initial treatment with an MPN doctor within 3 business days or an appointment with a MPN specialist doctor within 20 business days, of your employer's receipt of a request, you should seek assistance from your claims examiner or WellComp Patient Services Department. Your claims examiner will work with the MPN to assist you in getting an appointment in a timely manner.

CHANGING PROVIDERS **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 and the provider you choose should be appropriate to treat your injury. Contact your claims examiner or WellComp Patient Services Department to get a listing of the MPN doctors in your area if you would like to change your provider.

How to obtain a referral to a specialist

As long as you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist.

1. Your primary treating provider in the WellComp Network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
2. You may select an appropriate specialist by accessing the WellComp Directory.
3. You may contact WellComp Patient Services who can help coordinate necessary arrangements.

To obtain information about seeking a specialist in your geographic area, you should contact your claims examiner or WellComp Patient Services Department who can provide you with a listing of MPN specialists near your home or workplace. If your primary treating provider makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

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(s) within the MPN.

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

1. Inform your claims examiner that you dispute the treating physician's opinion and you are 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
4. Inform your claims examiner of the appointment date

For obtaining a second opinion, it is your employer or your claims examiner 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 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 or she has been selected to provide a second opinion and the nature of the dispute

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 and he or she determines that your injury is outside the scope of his or her practice, the second opinion physician will notify you and your claims examiner so that your claims examiner may 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 claims examiner that you dispute the treating physician's opinion and you are 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
4. Inform your claims examiner of the appointment date

For obtaining a third opinion, it is your employer or your claims examiner 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
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 or she has been selected to provide a third opinion and the nature of the dispute
6. Provide you with information about the Independent Medical Review process and the form to request the Independent Medical Review.

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 or she determines that your injury is outside the scope of his or her practice, the third opinion physician will notify you and your claims examiner so your claims examiner may provide a new list of MPN providers.

The second and third opinion physicians must provide his or 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, your physician and your employer or claims examiner within 20 days of the date of your appointment or receipt of the results of the diagnostic tests, whichever is later.

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. Your claims examiner will send you the application form at the time you select the third opinion physician. The Administrative Director or an independent medical review organization will assign the independent medical reviewer.

Your claims examiner will provide the independent medical reviewer and you with the 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
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 issue a report to the Administrative Director, in writing, that includes his or 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 completion of the records 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 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.

TREATMENT OUTSIDE OF THE GEOGRAPHIC AREA

If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating provider and they will provide you with a selection of at least three approved out-of-network providers within the access standards from whom you can obtain treatment. Additionally you may change physicians or get second and third opinions from the referred selection of physicians.

If in-network services are not available within 60 minutes or 30 miles of your residence or work, then you may arrange to treat with a medically appropriate provider of your choice, whether or not such provider is part of the WellComp MPN.

CONTINUITY OF CARE

Your employer and WellComp's continuity of care policy is attached. This policy provides for the completion of treatment by a doctor who has been terminated from the MPN for not meeting contractual and/or credentialing requirements. If either you or your employer disputes the medical determination relating to continuity of care by your treating physician, the dispute shall be resolved pursuant to Labor Code Section 4062. Please refer to our Continuity of Care Policy for further details outlining this process.

TRANSFER OF ONGOING CARE

If you are being treated for an injury or illness prior to the coverage of the MPN, WellComp will provide for the completion of your treatment with your doctor under certain circumstances. Your employer and WellComp's Transfer of Ongoing Care Policy is attached.

MEDICAL BILLS

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.

You can direct any questions regarding lost wage compensation and any other benefits you are entitled to under the California State Workers' Compensation Act to your employer or its workers' compensation claims administrator.

DISPUTES

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.

MPN CONTACT INFORMATION

The following is the information for your MPN contact:

WellComp Patient Services Department
Medical Audit and Management, Inc.
MPN Liaison: Gale Chmidling
P.O. Box 59914
Riverside, CA 92517
(800) 544-8150, info@wellcomp.net

You may also contact your claims examiner if one has been assigned to you. Your examiners name and telephone number may be found on your initial claims correspondence.