

WELLCOMP MEDICAL PROVIDER NETWORK TRANSFER OF CARE POLICY

With the goal of ensuring appropriate, quality medical care, administered in a timely fashion, in compliance with Title 8 California Code of Regulations (CCR) Section 9767.9; the WellComp Medical Provider Network offers the covered employee Transfer of Care benefits as described below.

Transfer of Care from outside of the Network into the Network:

(Title 8, CCR, Section 9767.9)

If the covered employee was injured prior to the employer's implementation of the WellComp MPN and is in need of continuing medical care, the Transfer of Care policy will apply:

If desired, the covered employee may transfer his or her care into the WellComp MPN by contacting the employer, claims administrator or the WellComp Patient Services Department and advising them of the desire to transfer care to a provider in the network. Assistance will be provided to the covered employee in accessing the WellComp MPN Directory, scheduling an appointment, and transferring the medical records to a new WellComp MPN physician.

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

If a covered employee is being treated for an occupational injury or illness by a physician or provider prior to coverage under the WellComp MPN, and the physician or provider becomes a provider within the network, all continued care from that provider falls under the provisions of the WellComp MPN as of the date of inception into the network. Except in the case of a pre-designation of a treating physician.

If the injury occurred prior to the implementation and the medical service provider is not a participant in the network, then the covered employee may be directed to a new medical service provider within the medical provider network. There may be concerns as to whether or not a covered employee can continue a treatment plan established by an out of network provider. WellComp understands this concern and offers continuation of care benefits to its new covered employees. Under certain circumstances, as detailed in Title 8, CCR, Sections 9785 and 9767.9, a covered employee may be authorized to continue care with a provider outside the medical provider network until it is appropriate to transfer the covered employee into its network of providers, when possible, without disturbing the treatment plan, as established by the out of network provider .

Circumstances that shall warrant authorization to continue care with provider outside the medical provider network are:

(1) 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 has a duration of less than 90 days. Completion of treatment shall be provided for the duration of the acute condition.

(2) A **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 shall be provided for a period of time necessary, up to one year: (A) to complete a course of treatment approved by the employer or claims administrator; and (B) to arrange for transfer to another provider within the MPN, as determined by the claims administrator or employer. The one year period for completion of treatment starts from the date of the injured covered employee's receipt of the notification of the determination that the employee has a serious chronic condition.

(3) 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 shall be provided for the duration of a terminal illness.

(4) **Performance of a surgery** or other procedure that is authorized by the claims administrator or employer 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.

If the injured covered employee's injury or illness does not meet the conditions set forth above, the injured covered employee may be transferred into the WellComp MPN for medical treatment.

Following the employer's or claims administrator's determination of the injured covered employee's medical condition, the employer, claims administrator or the WellComp Patient Services Department shall notify the covered employee of the determination regarding the completion of treatment and whether or not the employee may be transferred into the MPN for medical treatment. The notification shall be sent to the covered employee's residence and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and use layperson's terms to the maximum extent possible.

Disputes: If the covered employee disputes the medical determination under this section, the injured covered employee shall 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 the above categories (1) through (4). The treating physician shall provide the report to the covered employee within twenty calendar days of the request. If the treating physician fails to issue the report, then the injured employee will be required to select a new provider from within the MPN.

If the employer or insurer or covered employee objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician concerning the transfer of care shall be resolved pursuant to the Labor Code Section 4062.

If the treating physician agrees with the employer's or insurer's determination that the covered employee's medical condition does not meet the conditions as defined above, the transfer of care shall go forward during the dispute resolution process.

If the treating physician does not agree with the employer's or insurer's determination that the injured covered employee's medical condition does not meet the conditions as defined above, the transfer of care shall not go forward until the dispute is resolved.

Once an injured employee becomes a WellComp Medical Provider Network covered employee, there may be concerns about continuity of care. To obtain information regarding this benefit, please contact us at (800) 544-8150 weekdays from 7:30a.m. through 5:30p.m. A representative will assist with these questions by obtaining further information and facilitating referral to the claims examiner or our managed care department.