



KERN COUNTY HOSPITAL AUTHORITY

MEDICAL PROVIDER NETWORK

EMPLOYEE HANDBOOK

Effective: January 8, 2018

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 Kern County Hospital Authority (KCHA)/ Foundation for Medical Care (FMC) 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.

Unless you predesignate a physician or medical group, your new work injuries arising on or after January 8, 2018 will be treated by providers in our Medical Provider Network. If you have an existing injury, you may be required to change to a provider in the new KCHA MPN. Check with your claims adjuster. You may obtain more information about the MPN from the Workers' Compensation Poster, your claims adjuster, or from the Workers Compensation Manager.

The MPN will be delivered through the Foundation for Medical Care of Kern County MPN network of medical providers and facilities. Your employer, Kern County Hospital Authority, is self-insured and AdminSure functions as its Third Party Administrator. The Foundation for Medical Care of Kern County MPN provides a comprehensive medical network to serve the needs of KCHA and their medical providers.

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.

Existing work injuries may be transferred into the new MPN, employees should check with their claims adjuster for more information.

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.

Employees will be notified of the MPN Implementation by email, if the employee has regular electronic access to email at work to receive this notice. Additionally, the information will be posted on the intranet. If the employee cannot receive this notice electronically at work, then the employer shall ensure this information is provided to the employee in writing.

This MPN Employee Handbook will provide you with the information to help you through your work related injury or illness, additional information regarding the MPN may also be obtained from the Workers' Compensation poster, asking your employer, www.kernmedicalmpn.kernfmc.com, or by calling MPN Call Center at (877) 222-4946. Please refer to page 10 for MPN Contact Information.

MPN EMPLOYEE HANDBOOK

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THE PURPOSE OF THE MEDICAL PROVIDER NETWORK

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by the Foundation for Medical Care. Your employer's workers' compensation administrator is AdminSure. This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

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 wellbeing 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 the Workers' Compensation Manager 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. You may also refer to the MPN Poster and State posting notice for additional information.

Access Standards

For answers to the below please see Attachment C

How to access treatment if (a) the employee is authorized by the employer to temporarily work or travel for work outside the MPN's geographical area; (b) a former employee whose employer has ongoing workers' compensation obligations permanently resides outside the MPN geographical service area; and (c) an injured employee decides to temporarily reside outside the MPN geographic service area during recovery pursuant to 9767.12.a.5.

How to obtain a referral to a specialist outside the MPN pursuant to 9767.12.a.9.

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

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 the Workers' Compensation Manager know as soon as possible.***

If your job-related injury or illness is not an emergency, please let your immediate 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 the Workers' Compensation Manager know. The Workers' Compensation Manager 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 authorization to do so. 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 30 miles or 60 minutes to see a specialist, you should advise your AdminSure Claims Adjuster. If you live in a rural area, the travel distance and/or travel time may be greater than the timeframes listed previously. The instructions that follow will help you choose a doctor.

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 supervisor, your supervisor 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. You can get the list of MPN providers by calling the MPN contact or by going to our website at www.kernmedicalmpn.kernfmc.com.

You also have the right to a complete listing of all of the MPN providers upon request.

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 AdminSure Claims Adjuster at (909) 396-5831, or contact your attorney if you are represented. Your AdminSure 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 (877) 222-4946 for any network questions, or the Medical Access Assistant at (833) 367-3122.

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 Workers' Compensation Manager, consult the MPN website at www.kernmedicalmpn.kernfmc.com, or contact the MPN Call Center at (877) 222-4946 or Medical Access Assistant at (833) 367-3122. If you decide to change doctors, it is your responsibility to advise the AdminSure 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 will refer you to an MPN specialist that is appropriate to address your particular injury or illness. If you need assistance locating an MPN specialist near your workplace or home, you may consult with your MPN Workers' Compensation Manager, consult the MPN website at www.kernmedicalmpn.kernfmc.com, or contact the MPN Call Center at (877) 222-4946 or Medical Access Assistant at (833) 367-3122.

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 AdminSure Claims Adjuster 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 AdminSure Claims Adjuster of the appointment date.

For obtaining a second opinion, it is AdminSure'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.

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 AdminSure so that AdminSure 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 physician.**

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 must be given to you and your employer 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.

A copy of the second and/or third opinion report will be sent to the employee's treating Physician pursuant to 9767.7f.

HOW TO OBTAIN AN INDEPENDENT MEDICAL REVIEW

You must obtain a second and third opinion before you can request an MPN Independent Medical Review (MPN 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 MPN Independent Medical Review.

You may obtain an MPN IMR by submitting an application to the Administrative Director. Upon notice of your selection of a third opinion physician, the AdminSure Claims Adjuster will provide you with the MPN 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.

AdminSure 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 AdminSure. 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 AdminSure 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 AdminSure who will review the charges to make sure they are correct. AdminSure 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 AdminSure. 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 predesignated 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

Until you are transferred into the MPN, your physician may make referrals to providers within or outside of the MPN pursuant to 9767.9.b.

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 KCHA MPN:

MPN Call Center:

Name: Foundation for Medical Care of Kern County

Title: Provider Relations Department/KCHA MPN Coordinator

Address: 5701 Truxtun Avenue, Suite 100, Bakersfield, CA 93309

Telephone Number: (877) 222-4946

Email: FoundationMPN@kernfmc.com

Website address: www.kernmedicalmpn.kernfmc.com

Medical Access Assistant:

Toll Free Telephone Number: (833) 367-3122

Fax Number: (661) 616-4883

Email: FoundationMPN@kernfmc.com

Attachment A

Continuity of Care Policy

Completion of Treatment by a Terminated Provider

KCHA 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. KCHA 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 pursuant to 9767.12.a.12. KCHA will comply with the requirements of LC §4616.2(d) and (e) as follows:

- KCHA/FMC will provide either verbal or written notice to the injured employee of the termination from the MPN of his or her treating provider.
- AdminSure 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 AdminSure Claims 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), AdminSure will provide:
 - Acute Condition - 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.
 - Serious Chronic 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". 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.

- Terminal Illness - 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.
 - Surgery or Other Procedure - 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 LC §4616.2(d)(3)(D).
- KCHA/FMC 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 AdminSure Claims 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 KCHA/FMC, the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those used by KCHA/FMC for currently contracting providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. The AdminSure 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 AdminSure from agreeing to provide continuity of care with a terminated provider should AdminSure determine that it is in the best interest of the injured employee to continue treatment with the terminated provider.

A copy of AdminSure’s determination of the employee’s medical condition will be sent to the employee’s primary treating physician pursuant to 9767.10.d.1.

Dispute Resolutions:

- After AdminSure makes a determination of the employee’s medical condition, AdminSure will notify the employee (with a letter written in English and in Spanish sent to the employee’s residence, 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 AdminSure’s determination shall apply.

- If AdminSure disputes the medical determination by the treating physician, the dispute will be resolved using the QME/AME process pursuant to Labor Code section 4062.1 and 4062.2.
- If the treating physician agrees with AdminSure'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 AdminSure'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

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

Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside of the MPN pursuant to 9767.9b.

If a provider delivering ongoing care for a covered injured employee is already participating in the newly implemented MPN, AdminSure will notify the injured employee if his or her treatment is being provided under the MPN provisions.

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

- Acute Condition - 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 less than 90 days". Completion of treatment shall be provided for the duration of the acute condition.
- Serious Chronic 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 AdminSure; and (B) to arrange for transfer to another provider within the MPN, as determined by AdminSure. 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.
- Terminal Illness - 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".
- Surgery or Other Procedure - 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).
-

AdminSure 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 nurse case manager.

AdminSure 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 AdminSure's determination regarding completion of treatment shall apply.

If the primary treating physician agrees with AdminSure'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 AdminSure'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/AME process pursuant to LC §4062.1 and 4062.2.

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 AdminSure from agreeing to provide care outside the MPN should AdminSure determine that it is within the best interest of the injured employee to continue treatment with the non-MPN provider.

Attachment C

Access Standards

- (a) A 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 set forth in (b) and (c).
- (b) A MPN must have a primary treating physician and a hospital for emergency health care services, or if separate from such hospital a provider of all emergency health care services within 30 minutes or 15 miles of each covered employee's residence or workplace.
- (c) A MPN must have providers of occupational health services and specialists within 60 minutes or 30 miles of a covered employee's residence or workplace.
- (d) If a MPN applicant believes that, given the facts and circumstances with regard to a portion of its service area, specifically rural areas including those in which health facilities are located at least 30 miles apart, the accessibility standards set forth in subdivision (b) and/or (c) are unreasonably restrictive, the MPN applicant may propose alternative standards of accessibility for that portion of its service area. The MPN applicant shall do so by including the proposed alternative standards in writing in its plan approval or in a notice of MPN plan modification. The alternative standards shall provide that all services shall be available and accessible at reasonable times to all covered employees.
- (e)
 - (1) The MPN applicant shall have a written policy for arranging or approving non-emergency medical care for: (A) a covered employee authorized by the employer to temporarily work or travel for work outside the MPN geographic area when the need for medical care arises; (B) a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the MPN geographic service area; and (C) an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery.
 - (2) The written policy shall provide the employees described in subdivision (e)(1) above with the choice of at least three physicians outside the MPN geographic service area who either have been referred by the employee's primary treating physician within the MPN or have been selected by the MPN applicant. 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 shall be located within the access standards described in paragraphs (c) and (d) of this section.
 - (4) Nothing in this section precludes a MPN applicant from having a written policy that allows a covered employee outside the MPN geographic service area to choose his or her own provider for nonemergency medical care.

- (f) For non-emergency services, the MPN applicant shall ensure that an appointment for initial treatment is available within 3 business days of the MPN applicant's receipt of a request for treatment within the MPN.
- (g) 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, the MPN applicant shall ensure that an appointment is available within 20 business days of the MPN applicant's receipt of a referral to a specialist within the MPN.
- (h) If the primary treating physician refers the covered employee to a type of specialist not included in the MPN, the covered employee may select a specialist from outside the MPN.
- (i) The MPN applicant shall have a written policy to allow an injured worker to receive emergency health care services from a medical service or hospital provider who is not a member of the MPN.