

# **California Medical Provider Network**

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## **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 specially trained nurse or vocational specialist 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 unless you have pre-designated your own personal doctor or your employer's workers' compensation carrier has authorized treatment outside 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. See page 5 for your Site Coordinator.

### 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.

### 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 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 workplace, 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 go to the nearest hospital. 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. 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 tell your MPN contact. If you live in a rural area, there are alternative standards for providing medical care. The alternative standards provide that all services will be available and accessible at reasonable times



to all covered employees with a residence or work place beyond 30 miles of a MPN health facility from an out-of-network, non-contracted provider. 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 Site Coordinator, your Site Coordinator 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.
3. You can get the list of MPN providers by calling the MPN contact or by going to our website at [www.Talispoint.com/cna/campn](http://www.Talispoint.com/cna/campn). There is no password or Login required

**If you know the name of the provider**, click on Name Search, click on State, choose CA, click on Network, choose CA MPN, enter demographic information for provider, click Search.

**If you do not know the name of the provider**, click Region Search, click on State, choose CA, click on Network, choose CA MPN, follow directions for specialty type, click Search.

## 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 MPN contact. Your MPN contact will work with the MPN to assist you in getting an appointment in a timely manner.

## CHANGING PROVIDERS & SECOND/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. To get a listing of MPN doctors in your area, or a full provider directory contact your Site Coordinator or CNA.

### 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. To obtain information about seeing a specialist in your geographic area, you should contact your Site Coordinator who can provide you with a listing of MPN specialists near your home or work place or a full provider directory is also available upon request.

### 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 or change to another physician of your choice within the MPN.

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

1. inform CNA 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; and
4. inform CNA of the appointment date.

For obtaining a second opinion, it is CNA's responsibility to:

1. provide a list 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/she has been selected to provide a second opinion and the nature of the dispute; and
6. provide you a copy of the letter to the second-opinion physician informing him/her 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/she determines that your injury is outside the scope of his/her practice, the second opinion physician will notify you and CNA so CNA 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.

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

1. inform CNA 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; and
4. inform CNA of the appointment date.

For obtaining a third opinion, it is CNA's responsibility to:

1. provide a list 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/she has been selected to provide a third opinion and the nature of the dispute;
6. provide you a copy of the letter to the third-opinion physician informing him/her of the dispute; and
7. provide you with a written description of the Independent Medical Review process.

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/she determines that your injury is outside the scope of his/her practice, the third opinion physician will notify you and CNA so CNA 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 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. A copy of the written second or third opinion report will also be given to your treating 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. 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. You may obtain an application form from CNA. The Administrative Director or an independent medical review organization will assign the independent medical reviewer.

CNA will provide the independent medical reviewer with all 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; and



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 conduct a physical examination or a medical record review based on your choice. It is your right to schedule when the examination is to take place if this option is chosen by the employee.

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 30 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 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.

## Medical Bills

All medical bills resulting from your work-related injury or illness should be sent directly to CNA. The MPN may review the charges to make sure they are correct. Your workers' compensation insurance carrier 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 your insurance carrier. You can direct any questions regarding your benefits to your employer.

## 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.

## Continuity of Care

Attachment I is a copy of CNA'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

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

## Site Coordinator information

The MPN Contact is:

Kurt Travis  
Title: Managing Director  
Call 1-888-202-4964  
Email Address: Kurt.Travis@cna.com  
CNA  
675 Placentia  
Brea, CA 92821

## MPN contact information

The following is the contact information for your MPN contact: **1-888-202-4964**



## Continuity of Care Policy

**Policy:** CNA 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 an employee.

**Procedure: 1. Completion of treatment by a terminated provider.** CNA will, at the request of an injured employee, provide the completion of treatment as set forth in this exhibit by a terminated provider.

**a.** The completion of treatment will be provided by a terminated provider to an injured employee who, at the time of the contract's termination, was receiving services from that provider for one of the conditions described in paragraph 1.(b) below.

**b.** CNA will provide for the completion of treatment for the following conditions subject to coverage through the Workers' Compensation system:

**(i) 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 that has a limited duration. Completion of treatment will be provided for the duration of the acute condition.

**(ii) A serious chronic condition.** A serious chronic condition is 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 treatment will 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 by CNA in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment under this paragraph will not exceed 12 months from the contract termination date.

**(iii) 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 will be provided for the duration of a terminal illness.

**(iv) Surgery or other procedure.** Performance of surgery or other procedure that is authorized by CNA as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date.

**2. Contractual terms and conditions.** CNA may require the terminated provider whose services are continued beyond the contract termination date pursuant to this section to agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination. If the terminated provider does not agree to comply or upon agreement does not comply with these contractual terms and conditions, then CNA is not required to continue the provider's services beyond the contract termination date.

**3. Compensation.** Unless otherwise agreed by the terminated provider and CNA, the services rendered pursuant to this section will be compensated at rates and methods of payment similar to those used by CNA for currently contracted providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. CNA is not required to continue the services of a terminated provider if the provider does not accept the payment rates provided for in this paragraph.

**4. Termination for medical disciplinary cause or reason.** This policy will not require CNA to provide for completion of treatment by a provider whose contract with CNA has been terminated or not renewed for reasons relating to a medical disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) of Section 805 of the Business and Profession Code, or fraud or other criminal activity.

**5. Continuity of care beyond requirements.** Nothing in this exhibit will preclude CNA from providing continuity of care beyond the requirements of this exhibit.

**6. Arrangement for treatment.** Completion of treatment will be arranged for and monitored as indicated in the accompanying letter.

**Replacement of continuity of care policy.** CNA will file a revision of the continuity of care policy with the Administrative Director.



## Transfer of Ongoing Care Policy

**Policy:** CNA will provide for the completion of treatment for injured covered employees who are being treated outside of the Medical Provider Network (MPN) for an occupational injury or illness that occurred prior to the coverage with in the MPN.

- Procedure:**
- 1. Completion of treatment inside the MPN.** If an injured covered employee is being treated for an occupational injury or illness by a physician or provider prior to coverage of a MPN, and the employee's physician or provider becomes a provider within the MPN that applies to the injured employee, CNA will inform the employee that his/her treatment is being provided by his/her physician or provider under the provisions of the MPN.
  - 2. Completion of treatment outside of MPN.** Injured covered employees who are being treated outside of the MPN for an occupational injury or illness that occurred prior to the coverage of the MPN, including injured covered employees who pre-designated a physician and do not fall within the Labor Code section 4600(d), will continue to be treated outside the MPN for the following conditions:
    - a. 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 that has a duration of not more than 30 days. Completion of treatment will be provided for the duration of the acute condition.
    - b. 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 will be provided for a period of time, up to one year, necessary to complete a course of treatment approved by CNA and to arrange for transfer to another provider within the MPN, as determined by CNA. The one year period for completion of treatment starts from the date of determination that the employee has a serious chronic condition.
    - c. 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 will be provided for the duration of a terminal illness.
    - d. Surgery or other procedure.** Performance of a surgery or other procedure that is authorized by CNA 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.
  - 3. Transfer into MPN.** If the injured covered employee's injury or illness does not meet the conditions set forth in (2)(a) through (2)(d) above, CNA may transfer the injured covered employee into the MPN for medical treatment.
  - 4. Notification to the covered employee.** Once CNA makes a determination regarding the injured covered employee's medical condition, CNA will notify the covered employee at the employee's residence and a copy of the letter will be sent to the covered employee's primary treating physician. The notification will be written in a language understandable to the employee.
  - 5. Injured covered employee disputes.** If the injured covered employee disputes the medical determination, he/she must 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 (2)(a) through (2)(d) above. Disputes concerning the medical determination made by the treating physician concerning the transfer of care will be resolved pursuant to Labor Code section 4062.
    - a. Upon determination that the employee's medical condition does not meet the stated conditions, the transfer of care will go forward during the dispute resolution process.
    - b. If the treating physician disagrees with CNA's determination that the employee's medical condition does not meet the stated conditions, the transfer of care will not go forward until the dispute is resolved.
  - 6. Referrals.** Referrals made to providers after the inception of the MPN will be made to a provider within the MPN.
  - 7. Treatment outside MPN.** CNA may agree to provide medical care with providers outside of the MPN.

