

SECOND & THIRD OPINION POLICY

(a) If the covered employee disputes either the diagnosis or the treatment prescribed by the treating physician, the employee may obtain a second and third opinion from physicians within the Care West MPN. During this process, the employee is required to continue his/her treatment with the treating physician or a physician of his or her choice pursuant to section 9767.6 of the California Labor Code.

(b) If the covered employee disputes either the diagnosis or the treatment prescribed by the treating physician, the employee may obtain a second and third opinion from a physician within the Care West MPN. It is the employee's responsibility to: (1) inform the employee's examiner or nurse case manager, if applicable that he or she disputes the treating physician's opinion and requests a second opinion; (2) select a physician or specialist from a list of available Care West MPN providers; (3) make an appointment with the second opinion physician within 60 days and indicate whether a physical examination is requested; and (4) inform the claims examiner or nurse case manager, if applicable, of the appointment date. It is the Care West MPN's responsibility to (1) provide a list of contracted providers and/or specialists to the employee for his/her selection based on the specialty or recognized expertise in treating the particular injury or condition in question; and (2) contact the treating physician, provide a copy of the medical records or send the necessary medical records to the second opinion physician prior to the appointment date. If the appointment is not made within 60 days of receipt of the list of the available contracted providers, then the employee shall be deemed to have waived the second opinion process. (c) If, after reviewing the covered employee's medical records, the second opinion physician determines that the employee's injury is outside the scope of his or her practice, the physician shall notify the Care West MPN and employee so the Care West MPN can provide a new list of contracted providers and/or specialists to the employee for his/her selection based on the specialty or recognized expertise in treating the particular injury or condition in question.

(d) If the covered employee disagrees with either the diagnosis or treatment prescribed by the second opinion physician, the injured employee may seek the opinion of a third physician within the Care West MPN. At the time of request for a Third Opinion, Care West MPN shall provide covered employee with instructions to request an Independent Medical Review and an Application for an Independent Medical Review. It is the employee's responsibility to: (1) inform the claims examiner or nurse case manager, if applicable, that he or she disputes the treating physician's opinion and requests a third opinion; (2) select a physician or specialist from a list of available contracted providers; and (3) make an appointment with the third opinion physician within 60 days and indicate whether a physical examination is requested; and (4) inform the person designated by the applicant of the appointment date. It is the Care West MPN's responsibility to (1) provide a list of contracted providers and/or specialists to the employee for his/her selection based on the specialty or recognized expertise in treating the particular injury or condition in question; and (2) contact the treating physician, provide a copy of the medical records or send the necessary medical records to the third opinion physician prior to the appointment date. If the appointment is not made within 60 days of receipt of the list of the available Care West MPN providers, then the employee shall be deemed to have waived the third opinion process.

(e) If, after reviewing the covered employee's medical records, the third opinion physician determines that the employee's injury is outside the scope of his or her practice, the physician shall notify the claims examiner or nurse case manager, if applicable, and employee so the Care West MPN can provide a new list of contracted providers and/or specialists to the employee for his/her selection based on the specialty or recognized expertise in treating the particular injury or condition in question.

(f) The second and third opinion physicians shall render his or her opinion of the disputed diagnosis or treatment in writing and offer alternative diagnosis or treatment recommendations, if applicable. Any recommended treatment shall be in accordance with Labor Code section 4616(e). The second and third opinion physicians may order diagnostic testing if medically necessary. A copy of the written report shall be served on the employee and the claims examiner and/or nurse case manager, if applicable, within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later.

(g) If the injured employee disagrees with the diagnosis or treatment of the third opinion physician, the injured employee may file with the Administrative Director a request for an Independent Medical Review pursuant to section 9768 et seq.

MPN INDEPENDENT MEDICAL REVIEW POLICY

(a) If a covered employee disputes the diagnostic service, diagnosis, or medical treatment prescribed by the second opinion physician, the injured employee may seek the opinion of a third physician in the MPN. The covered employee and the employer or insurer shall comply with the requirements of section 9767.7(d). Additionally at the time of the selection of the physician for a third opinion, the MPN Contact shall notify the covered employee about the Independent Medical Review process and provide the covered employee with an "Application for Independent Medical Review" form set forth in section 9768.10. The MPN Contact shall fill out the "MPN Contact section" of the form and list the specialty of the treating physician and an alternative specialty, if any, that is different from the specialty of the treating physician. (b) If a covered employee disputes either the diagnostic service, diagnosis or medical treatment prescribed by the third opinion physician, the covered employee may request an Independent Medical Review by filing the completed Application for Independent Medical Review form with the Administrative Director. The covered employee shall complete the "employee section" of the form, indicate on the form whether he or she requests an in-person examination or record review, and may list an alternative specialty, if any, that is different from the specialty of the treating physician. (c) The Administrative Director shall select an IMR with an appropriate specialty within ten business days of receiving the Application for Independent Medical Review form. The Administrative Director's selection of the IMR shall be based on the specialty of the treating physician, the alternative specialties listed by the covered employee and the MPN Contact, and the information submitted with the Application for Independent Medical Review. (d) If the covered employee requests an in-person examination, the Administrative Director shall randomly select a physician from the list of available independent medical reviewers, with an appropriate specialty, who has an office located within thirty miles of the employee's residence address, to be the independent medical reviewer. If there is only one physician with an appropriate specialty within thirty miles of the employee's residence address, that physician shall be selected to be the independent medical reviewer. If there are no physicians with an appropriate specialty who have offices located within thirty miles of the employee's residence address, the Administrative Director shall search in increasing five mile increments, until one physician is located. If there are no available physicians with this appropriate specialty, the Administrative Director may choose another specialty based on the information submitted. (e) If the covered employee requests a record review, then the Administrative Director shall randomly select a physician with an appropriate specialty from the list of available independent medical reviewers to be the IMR. If there are no physicians with an appropriate specialty, the Administrative Director may choose another specialty based on the information submitted. (f) The Administrative Director shall send written notification of the name and contact information of the IMR to the covered employee, the employee's attorney, if any, the MPN Contact and the IMR. The Administrative Director shall send a copy of the completed Application for Independent Medical Review to the IMR. (g) The covered employee, MPN Contact, or the selected IMR can object within 10 calendar days of receipt of the name of the IMR to the selection if: there is a conflict of interest as defined by section 9768.2. If the IMR determines that he or she does not practice the appropriate specialty, the IMR shall withdraw within 10 calendar days of receipt of the notification of selection. If this conflict is verified or the IMR withdraws, the Administrative Director shall select another IMR from the same specialty. If there are no available physicians with the same specialty, the Administrative Director may select an IMR with another specialty based on the information submitted and in accordance with the procedure set forth in subdivision (d) for an in-person examination and subdivision (e) for a record review. (h) If the covered employee requests an in-person exam, within 60 calendar days of receiving the name of the IMR, the covered employee shall contact the IMR to arrange an appointment. If the covered employee fails to contact the IMR for an appointment within 60 calendar days of receiving the name of the IMR, then the employee shall be deemed to have waived the IMR process with regard to this disputed diagnosis or treatment of this treating physician. The IMR shall schedule an appointment with the covered employee within 30 calendar days of the request for an appointment, unless all parties agree to a later date. The IMR shall notify the MPN Contact of the appointment date. (i) The covered employee shall provide written notice to the Administrative Director and the MPN Contact if the covered employee decides to withdraw the request for an independent medical review. (j) During this process, the employee is required to continue his or her treatment with the treating physician or a physician of his or her choice within the MPN pursuant to section 9767.6.



The Care West MPN

Policy & Procedure

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CONTINUITY OF CARE POLICY

It is the policy of the Care West MPN to, at the request of an injured employee, arrange for the completion of treatment by a provider terminated from the network as required per California Labor Code as follows:.

Acute Care:

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. Subject to the requirements below, completion of treatment shall be provided for the duration of the acute condition.

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.

Subject to the requirements below, completion of treatment 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 by the employer in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment under this paragraph shall not exceed 12 months from the contract termination date.

Terminal Illness:

A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less.

Subject to the requirements below, completion of treatment shall be provided for the duration of a terminal illness.

Pre-Authorized Surgery:

The Care West MPN , subject to the requirements of this policy will also arrange for performance of a surgery or other procedure that is authorized by the employer, examiner, or nurse case manager 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.

Requirements:

The Care West MPN requires the terminated provider whose services are continued beyond the contract termination date 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 does not comply with these contractual terms and conditions, the employer is not required to continue the provider's services beyond the contract termination date. Unless otherwise agreed by the terminated provider and the Care West MPN , the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those of other currently contracted providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. The insurer or provider 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. This Continuity of Care policy shall not apply to a provider whose contract 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.

TRANSITION TO MPN POLICY

(a) If an injured employee is being treated for an occupational injury or illness by a physician or provider prior to coverage of a medical provider network, and the employee's physician or provider becomes a provider within The Care West MPN that applies to the injured employee, then the Care West MPN shall inform the employee that his/her treatment is being provided by his/her physician or provider under the provisions of The Care West MPN.

(b) Employer shall provide for the completion of treatment for injured employees who are being treated outside of The Care West MPN for an occupational injury or illness that occurred prior to the coverage of The Care West MPN, including injured employees who pre-designated a physician and do not fall within the Labor Code section 4600, for the following conditions:

(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 that has a duration of not more than 30 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 ninety (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 (1) year to complete a course of treatment approved by the employer or insurer and to arrange for transfer to another provider within The Care West MPN, as determined by the insurer or employer. The one year period for completion of treatment starts from the date of 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 insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the MPN coverage effective date.

(a) Referrals made to providers subsequent to the inception of The Care West MPN shall be made to a provider within The Care West MPN.

(b) Nothing in this section shall preclude an insurer or employer from agreeing to provide medical care with providers outside of The Care West MPN.

(c) Following determination of the injured employee's medical condition, the insurer or employer shall notify the employee of the determination regarding the completion of treatment. The notification shall be sent to the employee's residence and a copy of the letter shall be sent to the employee's primary treating physician. The notification shall be written in a language common to the workforce in the geographic service area.

(d) If the injured employee disputes the medical determination under this section, the injured employee shall request a report from the employee's primary treating physician that addresses whether the employee falls within any of the conditions set forth in subdivision (b)(1-4).

(e) If the employer or insurer or injured 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 Labor Code section 4062.

OUT OF NETWORK CARE POLICY

IMPORTANT: In the event of an emergency, Covered Employees may seek necessary medical treatment from the nearest medical service provider or hospital, regardless of MPN participation status.

(a) In the event that an injured worker is unable to obtain necessary and authorized care within the MPN, due to either; (1) Unavailability of a contracted provider within the necessary and authorized specialty; 2) Lack of contracted providers in the geographic area; or (3) Necessary care is required outside of the MPN's geographic coverage area; Examiner or Case Manger may authorize injured worker to seek treatment outside of the MPN at an approved provider in the appropriate specialty.

(b) Injured Worker must notify Claims Examiner or Case Manager (if applicable) prior to seeking care, or, if not possible due to emergent nature of care, within eight (8) business hours of seeking treatment.

(c) Examiner or Case Manager shall first attempt to secure a provider from either the greater Status PPO or an affiliate PPO Networks. If no provider exists within the affiliate networks, case manager or examiner will assist injured worker in finding an out of network provider.

(1) Examiner or Case Manager shall refer provider's name, address, and specialty information to MPN Director who shall make an immediate attempt to negotiate a contract.

(2) In no event shall medically necessary treatment be denied, delayed or modified based on a provider's refusal to provide a discount.

(d) Examiner or Case Manager shall notify out-of-network provider in writing prior to treatment that all referrals for specialist or ancillary services must be preauthorized and directed through MPN.

(1) Payment for services where preauthorization is required, but not obtained, may be denied.

(e) Should a contracted MPN provider become available, treatment may be transferred back into the MPN in accordance with provisions established in the MPN's Transfer of Ongoing Care Policy