



Pacific Compensation Insurance Company

Covered Employee Notification of Rights Materials
Regarding
Pacific Compensation Insurance Company
PCIC on the Job MPN
MPN ID # 1018

This pamphlet contains important information about your medical care in case of a work-related injury or illness

You Are Important To Us

Keeping you well and fully employed is important to us. It is your employer's goal to provide you employment in a safe working environment. However, should you become injured or ill, as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as possible. In compliance with California law, we provide workers' compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the MPN, please contact MPN Contact by phone at 866-378-8500, or PCICMPNContact@copperpoint.com. If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims examiner if one has been assigned to your case.

PCIC on the Job MPN

Pacific Compensation Insurance Company provides access to medical treatment in the event you sustain a work-related injury or illness through PCIC on the Job MPN. PCIC on the Job MPN accesses medical treatment through selected Anthem Blue Cross Prudent Buyer PPO ("Blue Cross of California") providers and the Kaiser-On-the-Job Provider Network. Anthem Blue Cross contracts with doctors, hospitals and other providers to respond to the special requirements of on-the-job injuries or illnesses.

Access to Care

If you should experience a work-related injury or illness, you should:

Notify your employer:

- Immediately notify your supervisor or employer representative so you can secure medical care. Employers are required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). To ensure your rights to benefits, report every injury and request a claim form.

Initial or Urgent Care:

- If medical treatment is needed, your employer will direct you to an MPN provider upon initial report of injury. An appointment for initial medical care should be immediate but in no event longer than 3 business days of a covered employee's notice to your employer or MPN Medical Access Assistant that treatment is needed.

For Emergency Care:

- In the case of emergency* go to the nearest healthcare provider. Once your condition is stable, contact your employer or its claims administrator Pacific Compensation Insurance Company 866-378-8500, or Medical Access Assistant for assistance in locating a MPN provider for continued care.

**Emergency care is defined as a need for those health care services provided to evaluate and treat medical conditions of a recent onset and severity that would lead a lay person, possessing an average knowledge of medicine, to believe that urgent care is required.*

Subsequent Care:

- All medical non-emergencies, which require ongoing treatment, in-depth medical testing or a rehabilitation program, must be authorized by your claims examiner and based upon medically evidenced based treatment guidelines (California Labor Code §5307.27, and as set forth in title 8, California Code of Regulations, section 9792.20 et seq.). Access to subsequent care, including specialist services, shall be available within no more than twenty (20) business days of a covered employee's reasonable requests for an appointment through an MPN Medical Access Assistant. If an MPN Medical Access Assistant is unable within ten business days to schedule an initial medical appointment that will occur within twenty (20) business days of an employee's request, then Pacific Compensation Insurance Company shall permit the employee to obtain necessary treatment with an appropriate specialist outside of the MPN. The MPN physician, who is the primary treating physician, will continue to direct all of the covered injured employee's medical treatment needs.
- If a covered employee is not able to obtain from an MPN physician reasonable and necessary medical treatment within the required timeframes noted above, the covered employee will be permitted to obtain necessary treatment for that injury from an appropriate specialist outside the MPN within a reasonable geographic area. When the MPN is able to provide the necessary treatment through an MPN physician, a covered employee treating outside the MPN may be required to treat with an MPN physician when a transfer is appropriate.
- If ancillary services are not available within a reasonable time or a reasonable geographic area to a covered employee, then the employee may obtain necessary ancillary services outside of the MPN within a reasonable geographic area.

If you are temporarily working, relocate or move outside of the MPNs geographic service area and are injured:

The following is Pacific Compensation Insurance Company's written policy for arranging or approving non-emergency medical care for: (1) a covered employee authorized by the employer to temporarily work or travel for work outside of the MPN geographic service area when the need for medical care arises; (2) a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the MPN geographic service area; and (3) an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery.

- When an employee has a work-related non-emergent injury or illness outside of the service area, the employee should notify the employer and seek treatment at the closest occupational health or primary care clinic to the patient.
 - In the event of an emergency or if urgent care is needed, the employee should seek medical attention from the nearest hospital or urgent care center. If feasible, the employee or a personal representative should report his/her injury/illness within 24 hours of receiving treatment.
 - Once the injured/ill employee returns to the service area, medical care will be transferred to a provider within the MPN.
 - Employees that are temporarily working, relocate or move outside of the MPN's geographic service area will have a 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 the 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. Referred physicians will be located within the access standards described in this notice e.g. 15 miles or 30 minutes for primary care and 30 miles or 60 minutes for specialty care.
 - The MPN does not prevent a covered employee outside the MPN geographic service area from choosing a provider for non-emergency medical care.

Upon your return to California, should you require ongoing medical care, immediately contact your claims examiner or your employer for referral to a MPN provider for continued care.

How to Choose a Physician within the MPN

The MPN has providers for the entire state of California. The MPN must give you a regional list of providers that includes at least 3 physicians in each specialty commonly used to treat work related injuries or illnesses in your industry. The MPN must provide access to primary treating physicians and a hospital or emergency health care facility within 15 miles or 30 minutes, and specialists within 30 miles or 60 minutes.

To locate a participating provider or obtain a regional listing:

Provider Directories:

- On-line Directories - if you have internet access, you can access the roster of all treating physicians and roster of all participating providers in the MPN by going to the website <https://www.copperpoint.com/pacificcompmpn>. CLICK Roster of All Participating Providers tile. A copy of the complete provider listing is also available in writing or electronic copy upon request. For more information about the MPN go to <https://www.copperpoint.com/pacificcompmpn>. Secondary treating physicians and specialists that can only be seen with an approved referral are clearly designated "by referral only" in the online provider finder and roster of all treating physicians.
- If you do not have internet access, you may request assistance locating an MPN provider or obtaining an appointment by contacting the Medical Access Assistant at (866) 378-8500, email at PCICMedicalAccessAsst@copperpoint.com, and fax (818) 479-9322.
- Promptly contact your claims examiner to notify us of any appointment you schedule with an MPN provider.

Choosing a Physician (for all initial and subsequent care):

- Your employer will direct you to an MPN provider upon initial report of injury. You have the right to be treated by a physician of your choice within the MPN *after your initial visit*.
- The providers you choose should be appropriate to treat your injury
- If you wish to change your MPN physician after your initial visit, you may do so by:
 - Accessing the on-line provider directories (see above)
 - Call the Medical Access Assistant or Claims Examiner
- If you have trouble getting an appointment with a provider within the MPN contact the Medical Access Assistant as soon as you are able and they can assist you.
- If you select a new physician, immediately contact your claims examiner and provide him or her with the name, address and phone number of the physician you have selected. You should also provide the date and time of your initial evaluation.
- If it is medically necessary for your treatment to be referred to a specialist, your MPN physician can make the appropriate referral within the network or you may select a specialist of your choice within the MPN
- If a chiropractor is selected as a treating physician, the chiropractor may act as a treating physician only until the 24-visit cap is met unless otherwise authorized by the employer or insurer, after which the covered employee must select another treating physician in the MPN who is not a chiropractor, and if the employee fails to do so, then the insurer or employer may assign another treating physician who is not a chiropractor.
- If a type of specialist is needed, or recommended by your MPN physician, but is not available to you within the network, you will be allowed to treat with a specialist outside of the network. Your claims examiner can assist you to identify appropriate specialists if requested. Once you have identified the appropriate specialist outside of the network, schedule an appointment and notify your primary treating physician and claims examiner of the appointment date and time. Your MPN physician, who is your primary treating physician, will continue to direct all of your medical treatment needs.
- If the MPN cannot provide access to the appropriate specialty to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN. Please contact your claims examiner for assistance.

Medical Access Assistant(s)

MPN Medical Access Assistants are available, at a minimum, from Monday through Saturday (excluding Sundays and holidays) from 7 am to 8 pm, Pacific Time, to provide covered employee assistance with access to medical care under the MPN. The assistance includes but is not limited to contacting provider offices during regular business hours to find available MPN physicians of your choice, and scheduling and confirming physician medical appointments. Assistance is available in English and Spanish.

At least one MPN medical access assistant is available to respond at all required times, with the ability for callers to leave a voice message. Medical access assistants will respond to calls, faxes or messages by the next day, excluding Sundays and holidays. MAAs work in coordination with the MPN Contact and the claims adjuster(s) to ensure timely and appropriate medical treatment is available to you. You may contact the Medical Access Assistant at (866) 378-8500, email at PCICMedicalAccessAsst@copperpoint.com, and fax (818) 479-9322.

Second and Third Opinions

Second Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by your MPN physician, you may obtain a second opinion within the MPN. During this process you are required to continue your treatment with an MPN physician of your choice. In order to obtain a second opinion you and the MPN share responsibilities:
 - Inform your claims examiner of your dispute regarding your treating physician's opinion either orally or in writing.
 - You are to select a physician or specialist from a regional list of available MPN providers, which will be provided to you by your claims examiner upon notification of your request for a second opinion.
 - You are to make an appointment within 60 days.
 - You are to inform your claims examiner of the appointment date and time.
 - You shall be deemed to have waived your right to a second opinion if you do not make an appointment within 60 days from receipt of the list.
 - You have the right to request a copy of the medical records sent to the second opinion physicians.
 - If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify you and the Claims Examiner. You will get another list of MPN doctors or specialists so you can make another selection.

Third Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by the second opinion physician, you may obtain a third opinion within the MPN. During this process you are required to continue your treatment with a MPN physician of your choice. In order to obtain a third opinion you and the MPN share responsibilities:
 - Inform your claims examiner of your dispute regarding your treating physician's opinion either orally or in writing.
 - You are to select a physician or specialist from the list of available MPN providers previously provided or you may request a new regional area list.
 - You are to make an appointment within 60 days.
 - You are to inform your claims examiner of the appointment date and time.
 - You shall be deemed to have waived your right to a third opinion if you do not make an appointment within 60 days after you select another physician from the list previously provided or from receipt of the new list.
 - You have the right to request a copy of the medical records sent to the third opinion physician.
 - If the third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify you and the Claims Examiner. You will get another list of MPN doctors or specialists so you can make another selection.

- If the MPN does not contain a physician who can provide the treatment recommended by the Second or Third Opinion physician, the employee may choose a physician outside the MPN within a reasonable geographic area. The covered employee may obtain the recommended treatment by changing physicians to the second opinion physician, third opinion physician, or other MPN physician

- At the time of selection of the physician for a third opinion, the MPN Contact will notify you about the MPN Independent Medical Review (MPN IMR) process and provide you with an application for the MPN Independent Medical Review process (see below).
- If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (MPN IMR). The MPN Contact will give you information on requesting an MPN Independent Medical Review and complete the "MPN Contact section" of the MPN IMR applications form for you at the time you select a third-opinion physician.
- If either the second or third-opinion doctor or MPN Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

Continuity of Care Policy

Your employer or insurer has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continuing your care with the non-MPN provider, you and your primary treating physician must receive a letter of notification.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to MPN physicians. These conditions are:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care to another physician within the MPN.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care into the MPN. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the entire Continuity of Care policy in English or Spanish, ask your MPN Contact or your claims examiner.

Transfer of Care Policy

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.) If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician.

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the entire transfer of care policy in English or Spanish, ask your MPN Contact or your claims examiner.

For Questions or MPN Information

What if I have questions or need help:

- **MPN Contact:** You may always contact the MPN Contact to answer questions about the use of MPNs or to submit a formal MPN complaint by mail at PO Box 36070, Phoenix, AZ 85067, phone at (866) 378-8500, by fax (818) 575-8575, or email PCICMPNContact@copperpoint.com. If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims examiner if one has been assigned to your case.
- **Medical Access Assistants** are available Monday through Saturday (**excluding Sundays and holidays**) from 7 am to 8 pm, Pacific Time, by phone at (866) 378-8500, email at PCICMedicalAccessAsst@copperpoint.com, fax (818) 479-9322.
- **Division of Workers' Compensation (DWC):** If you have questions regarding your rights and responsibilities under the California Workers' Compensation Law, you can call the DWC's Information and Assistance (I&A) Unit at 800-736-7401 or access its webpage <https://www.dir.ca.gov/dwc/IandA.html> for the contact information of your nearest local I&A office for assistance. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on 'medical provider networks' for more information about MPNs
- **MPN Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation Medical Unit at:

DWC Medical Unit
P.O. Box 71010
Oakland CA 94612
(510)286-3700 or (800)794-6900

Continuity of Care Policy
Pacific Compensation Insurance Company
PCIC on the Job MPN
MPN ID #: 1018

This attachment contains the MPN Applicant's written policy for Continuity of Care to an injured covered employee with a provider whose membership in the PCIC on the Job MPN has been terminated.

1. An employer or its claims administrator that offers a medical provider network shall, at the request of an injured covered employee, allow the injured covered employee to continue treatment with his or her physician even if the physician has terminated its contract with the MPN, if the injured covered employee meets any of the four conditions listed in paragraph 2.

2. The employer or its claims administrator shall provide for the completion of treatment by a terminated provider to the injured covered employee for one of the following conditions subject to coverage through the workers' compensation system:

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 duration of less than 90 days. Completion of treatment shall 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, 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 of at least 90 days or requires ongoing treatment to maintain remission or prevent deterioration. 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 within the MPN, as determined by the employer or its claims administrator in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.

c. Terminal illness. A terminal illness is an incurable illness 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.

d. Pending Surgery. Performance of a surgery or other procedure that is authorized by the employer or its claims administrator as part of a documented course of treatment and has been recommended and documented by the provider to occur within one hundred-eighty (180) days of the contract's termination date.

3. Following the employer's or its claims administrator's determination of the injured covered employee's medical condition, the employer, insurer or an entity that provides physician network services shall notify the covered employee of the determination regarding completion of treatment and whether or not the employee will be required to select a new provider from within the MPN. The notification shall be sent to the covered employee's address 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.

4. If the terminated provider agrees to continue treating the injured covered employee in accordance with Labor Code section 4616.2 and if the injured employee disputes the medical determination regarding the continuity of care, the injured employee can request a report from the injured employee's primary treating physician that addresses whether the employee falls within any of the conditions described in paragraphs 2(a) through 2(d) above. If the treating physician fails to provide the report to the covered employee within 20 calendar days of request by the covered injured employee, the determination made by the employer or its claims administrator shall apply.

5. If the employer or its claims administrator 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 Continuity of Care shall be resolved pursuant to Labor Code section 4062.

6. If the treating physician agrees with the employer's or its claims administrator's determination that the injured covered employee's medical condition does not meet the conditions described in paragraphs 2(a) through 2(d) above, the employee shall choose a new provider from within the MPN during the dispute resolution process.

7. If the treating physician does not agree with the employer's or its claims administrator's determination that the injured covered employee's medical condition does not meet the conditions described in paragraphs 2(a) through 2(d) above, the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.

8. If the contract with the treating physician was terminated or not renewed for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, the injured employee shall not be allowed to complete treatment with that physician, and the MPN Contact will work with the injured employee to transfer his or her care to a provider within the MPN.

9. The employer or its claims administrator may require 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 or its claims administrator is not required to continue the provider's services beyond the contract termination date.

10. The services by the terminated provider under this Continuity of Care policy shall be compensated at rates and methods of payment similar to those used by the medical provider network for currently contracting providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider, unless otherwise agreed by the terminated provider and the employer or its claims administrator. The employer or its claims administrator 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.

11. The employer or its claims administrator shall ensure that the requirements for Continuity of Care are met.

12. The employer or its claims administrator are not required to provide for completion of treatment by a provider whose contract with the medical provider network 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.

13. The employer or its claims administrator may provide continuity of care with the terminated provider beyond the requirements of this policy, or the Labor Code section 4616.2, or by Title 8, California Code of Regulations, section 9767.10.