

EMPLOYEE NOTIFICATION

Liberty Mutual Group

Medical Provider Network

For The

State of California

IMPORTANT INFORMATION REGARDING YOUR WORKERS COMPENSATION BENEFITS

MEDICAL TREATMENT FOR WORK RELATED INJURIES

Recent changes in California's workers' compensation laws now allow insurers and self-insured employers to direct injured employees to a medical provider network (MPN) for medical treatment if they receive state approval for the network.

The State of California has certified the Liberty Mutual Group Medical Provider Network (MPN) under California Labor Code section 4616 et seq. and Division of Workers' Compensation regulations to provide all necessary medical care, treatment and services for your work related injury.

The goals of the MPN program are to ensure that:

- You have access to prompt, efficient, and quality medical care, treatment and services for occupational injuries and illnesses.
- You have increased access to occupational health services and specialists.
- You receive ongoing medical review of treatment.

All rendered treatment will be consistent with recommended standards set forth in the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, evidence based medical guidelines or with guidelines adopted by the DWC Administrative Director.

You may pre-designate your physician(s) prior to injury if:

- You have received care with the physician, and
- The physician agrees to be your primary treating physician.

If your physician does not agree to participate in this capacity, you will be required to seek medical care with a MPN provider.

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Access to MPN Services

The MPN shall ensure that a MPN primary care physician, a hospital, or a provider of all emergency health care services are located within thirty (30) minutes or fifteen (15) miles from your residence or work place. Other occupational health services and specialists must be within sixty (60) minutes or thirty (30) miles from your residence or work place. You may consult with your employer for physician, hospital or other medical care recommendations within the MPN.

Should you have a work-related injury, your supervisor will help to ensure that you receive prompt initial care and medical attention through a MPN provider.

- On the job injuries must immediately be reported to your supervisor.
- Upon being notified of an on the job injury, your supervisor will immediately direct you to a primary care MPN physician who will provide you with the necessary initial and subsequent medical care required for your injury. After your first visit with an MPN provider you have the right to be treated by a physician of your choice within the MPN.
- The Liberty Mutual Group MPN physician/provider directory will be available to your employer, physician and you. You may contact your supervisor or Claims Case Manager to request a regional and/or full listing of the MPN provider network. Your employer or Claims Case Manager will provide you the options of receiving (a) electronic access to a regional and/or full listing of the MPN provider network via the Provider Referral Services (PRS) system, at www.libertymutualprs.com; (b) a printed copy of the regional and/or full listing of the MPN provider network; and/or (c) a printed copy of a regional and or full listing of MPN providers by calling either the Liberty Provider Referral Line, 1-800-944-0443.
- If you need emergency health care services, please proceed to the nearest hospital or emergency medical facility and notify your employer. The Liberty Mutual Group MPN shall allow the emergency health care services by the hospital or medical facility until such time that your physician considers you to be in stable medical condition and recommends that you may return to your residence or your employer's workplace. You will then continue your medical treatment with a MPN physician or provider under the provisions of the Liberty Mutual Group MPN.
- For non-emergency services, an appointment for initial treatment with a MPN physician will be available within three (3) business days of your request for treatment. For non-emergency specialist services to treat common injuries experienced at work, an appointment with a specialist within the MPN will be available within twenty (20) business days of your request for a referral.
- If you are temporarily working or traveling for work and require treatment outside the MPN service area and need emergency health care services proceed as stated above. If you require non-emergency medical treatment outside of the MPN service area, you should notify your supervisor and the Claims Case Manager of your need for medical treatment outside the MPN Service Area. The Claims Case Manager will assist you in locating at least three physicians or other providers outside the Service Area. Primary care physicians will be located within thirty (30) minutes or fifteen (15) miles from your temporary residence or workplace. Other occupational health services and specialists will be within sixty (60) minutes or thirty (30) miles from your temporary residence or workplace. The procedures for changing

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physicians and obtaining a second and third opinion apply to employees who need to seek treatment outside the Service Area.

- If you are temporarily living outside the Service Area or a covered employee, whose former employer has ongoing workers' compensation obligations, who lives outside the Service Area please contact your Claims Case Manager. They can provide you with, at least, three physicians outside the Service Area. Primary care physicians will be located within thirty (30) minutes or fifteen (15) miles from your residence or workplace. Other occupational health services and specialists will be within sixty (60) minutes or thirty (30) miles from your residence or workplace. The procedures for changes physicians and obtaining second and third opinions apply for treatment outside the Service Area.
- If you require medical treatment in certain rural or unpopulated areas where health facilities are located at least 30 miles apart, you must notify your employer or Claims Case Manager. If necessary, the Claims Case Manager will provide you with a MPN provider directory. You may need to treat with a physician or provider outside of the MPN service area. If necessary, the Claims Case Manager will assist you in finding a non-MPN provider.
- If your physician prescribes durable medical equipment, home health services, or medications for you, please contact your Claims Case Manager who will contact the ancillary service provider. The service provider will contact you directly to arrange for service delivery.
- If you need transportation to your MPN physician or medical facility please contact your Claims Case Manager who will make the necessary arrangements. The service provider will contact you directly to arrange for service delivery.
- If you need language translation services provided to you at the time of your medical appointment please contact your Claims Case Manager who will make the necessary arrangements..

Changing Your Treating Physician Within the MPN

- If you are not satisfied with the services of a MPN provider anytime after your initial medical evaluation, you will be allowed to change to another provider of your choice within the MPN.
- Non-emergency treatment, incurred outside of the MPN may not be paid unless the request is received by a Claims Case Manager, in advance. This written request should also document the reason for the requested change.

Your supervisor or the Claims Case Manager can assist you in choosing a geographically convenient provider in the MPN and will be able to assist you to ensure that you receive the appropriate medical attention needed to get you back to work.

- If you have difficulty scheduling an appointment with a MPN physician or provider you should notify the Claims Case Manager. The Claims Case Manager will contact the physician or provider on your behalf to schedule an appointment. If the physician or provider cannot accommodate your appointment request within the required timeframes the Claims Case Manager will notify you and when necessary, will provide to you a full listing and/or regional MPN directory of the names of physicians or providers who are accessible to you for you to choose another physician or provider.

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Treatment Provided By A Specialist

If you require treatment by a specialist, you may self-select an appropriate specialist or be referred to a specialist by your physician. Your Claims Case Manager can provide you with a full listing of the MPN provider network or a regional directory of the names of physicians or providers who are accessible to you within 60 minutes or 30 miles of your residence or workplace. Your physician has access to the MPN directory and can also refer you to a specialist within the MPN.

If your primary treating physician refers you to a type of specialist not included in the MPN you may select a specialist from outside the MPN. Please contact your Claims Case Manager for additional information on this process.

Transfer of Ongoing Medical Care to MPN Provider

If you are currently being treated for a work related injury or illness by a physician or other health care provider that becomes a provider in the MPN, you may continue treatment with your physician or health care provider through the MPN. Your claims case manager or your employer shall inform you and your physician or provider if your treatment is being provided by your physician or provider under the provisions of the MPN, as set for in 8 CCR §9767.9(d).

Your employer or insurer shall authorize the completion of treatment if you are being treated outside of the MPN for an occupational injury or illness that occurred prior to the coverage of the MPN and whose treating physician is not a provider within the MPN, including injured covered employees who pre-designated a physician and do not fall within the Labor Code section 4600(d), for the following conditions:

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

Serious chronic condition. You may complete treatment with your physician or other health care provider that is not in the MPN for a period of time necessary, up to one year, to complete the course of treatment approved by your insurer or employer and to arrange transfer to another provider within the MPN, as determined by your insurer or employer. A serious chronic condition is a medical condition due to disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. The one year period for completion of treatment starts from the date you receive notification of the determination that you have a serious chronic condition.

Terminal illness. You will continue to have coverage and may complete treatment with your physician or other health care provider that is not in the MPN for an incurable or irreversible condition for the duration of a terminal illness which is defined as an incurable or irreversible condition that has a high probability of causing death within one year or less.

Performance of surgery or other procedure. You may have surgery or other procedures performed by your physician or other health care provider that is not in the MPN that were authorized by your Claims Case Manager or employer and were recommended and documented by your physician or

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other health care provider to occur within one hundred and eighty (180) days from the coverage effective date of the MPN.

Your Claims Case Manager or employer will notify you and your primary treating physician in writing of the determination regarding completion of ongoing treatment and the decision to transfer medical care into the MPN. You may request a report from your treating physician if you disagree with the determination regarding transfer of ongoing care. The primary treating physician report will be issued within twenty (20) calendar days from the date of your request. If the treating physician fails to issue the report, then the determination made by the employer or insurer shall apply pursuant to 8 CCR § 9767.9. If you disagree, with the medical determination made by your treating physician regarding transfer of care, a dispute may be filed under Labor Code section 4062. The transfer of care will go forward during the dispute resolution process only if your treating physician agrees with your MPN or employer's determination.

If you do not meet one of the criteria listed above you may be transferred into the MPN for medical treatment, as set forth in 8 CCR § 9767.9(a).

Upon request, your Claims Case Manager can provide you a copy of this policy.

MPN Continuing Care Policy

As a covered employee in the MPN you have certain rights concerning your medical care. Your rights include allowing you to receive and complete medical treatment for certain medical conditions with your physician who is no longer in the MPN if you fall within one of the following conditions:

(A) Acute condition. Completion of treatment for an acute condition shall be provided for the duration of the 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 less than ninety (90) days.

(B) A serious chronic condition. Completion of treatment for a serious chronic condition 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 Liberty Mutual Group MPN in consultation with the injured covered employee and the terminated provider and consistent with good professional practice. Completion of treatment under this paragraph shall not exceed 12 months from the provider contract termination date. 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 that persists without full cure or worsens over a ninety (90) day period of time or requires ongoing treatment to maintain remission or prevent deterioration.

(C) A terminal illness. Completion of treatment shall be provided for the duration of 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.

(D) Performance of surgery or other procedure. Performance of a surgery or other procedure shall be completed that is authorized by the Liberty Mutual Group MPN as part of a documented course of treatment and has been recommended and documented by the terminated provider to occur within 180 days of the provider's contract termination date.

You will be notified of the determination regarding whether you meet one of the above criteria which will allow you to continue treatment with a provider no longer in the MPN or whether you are required to select a new provider within the MPN. The notification shall be sent to your residence and a copy of the letter shall be sent to your primary treating physician.

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If you disagree with a decision made under this provision the Liberty Mutual Group MPN has the following dispute resolution process:

(a) If the terminated provider agrees to continue treating the injured covered employee in accordance with Labor Code section 4616.2 and if the injured covered employee disputes the medical determination, the injured covered employee shall request a report from the covered employee's primary treating physician that addresses whether the covered employee falls within any of the conditions set forth in Labor Code section 4616.2(d)(3): an acute condition; a serious chronic condition; a terminal illness; or a 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 contract's termination date. The treating physician shall provide the report to the covered employee within twenty calendar days of the request. If the treating physician fails to issue the report, then the determination made by the employer or insurer referred to in 9767.10(d)(1) shall apply.

(b) If the employer or insurer or injured 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.

(c) If the treating physician agrees with the employer's or insurer's determination that the injured covered employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the employee shall choose a new provider from within the MPN during the dispute resolution process.

(d) If the treating physician does not agree with the employer's or insurer's determination that the injured covered employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.

A complete copy of the MPN Continuing Care Policy is available from your Claims Case Manager.

Procedures for Selecting a Physician for a Second and Third Opinion

If you dispute either the diagnosis or treatment prescribed by your treating physician, you may obtain a Second Opinion and a Third Opinion from other physicians within the MPN. During this process you have the option to continue ongoing treatment with your treating physician or change to another physician of your choice within the MPN pursuant to section 9767.6 of the Department of Workers' Compensation regulations.

A Second Opinion is an opinion rendered by a MPN physician, after an in person examination, to address a dispute that you have over either the diagnosis or the treatment prescribed by your treating physician.

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A Third Opinion is an opinion rendered by a MPN physician, after an in person examination, to address a dispute that you have over either the diagnosis or the treatment prescribed by either your treating physician or the physician that rendered a Second Opinion.

To obtain a Second Opinion, you must inform your supervisor or your Claims Case Manager verbally or in writing by letter, fax or electronic mail that you dispute your treating physician's opinion and are requesting a Second Opinion. You must select a physician or specialist from a regional directory of available MPN providers provided to you by your supervisor or the Claims Case Manager.

It is your responsibility to make the appointment with the Second Opinion physician within sixty (60) days and inform the Claims Case Manager of the appointment date. The Claims Case Manager will contact the Second Opinion provider in writing to notify that he or she has been selected for a Second Opinion, to describe the nature of the dispute, and provide necessary medical records prior to the appointment date. You will receive a copy of the letter to the Second Opinion physician. Upon your request, you may obtain a copy of your medical records. If the appointment is not made within sixty (60) days of your receipt of the directory of available MPN providers, then you may not obtain a Second Opinion for the disputed diagnosis or treatment of your treating physician. You, your treating physician, and the MPN designee will receive a copy of the Second Opinion physician's written report within twenty (20) days of the date of your appointment or the receipt of results of any diagnostic tests made at your appointment, whichever is later.

To obtain a Third Opinion, you must inform your supervisor or your Claims Case Manager verbally or in writing by letter, fax or electronic mail that you dispute the second opinion physician's diagnosis or treatment and are requesting a Third Opinion. You must select a physician or specialist from a regional directory of available MPN providers provided to you by your supervisor or the Claims Case Manager. At the time of the selection of the physician for a third opinion, the Claims Case Manager will notify you about the Independent Medical Review process and provide you with an "Application for Independent Medical Review" form as set forth in section 9768.10 of the Department of Workers Compensation regulations. The Claims Case Manager will 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.

It is your responsibility to make the appointment with the Third Opinion physician within sixty (60) days and inform the Claims Case Manager of the appointment date. The Claims Case Manager will notify the Third Opinion provider in writing that he or she has been selected for a Third Opinion, describe the nature of the dispute, and provide necessary medical records prior to the appointment date. You will receive a copy of the letter to the Third Opinion physician. Upon your request, you may obtain a copy of your medical records. If the appointment is not made within sixty (60) days of your receipt of a directory of available MPN providers, then you may not obtain a Third Opinion for the disputed diagnosis or treatment of your treating physician. You, your treating physician, and the MPN designee will receive a copy of the Third Opinion physician's written report within twenty (20) days of the date of your appointment or the receipt of results of any diagnostic tests made at your appointment, whichever is later.

If either the second or third opinion physician recommends specific treatment you may seek treatment from that physician or choose another MPN physician.

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If the second or third opinion doctor feels that an injury is outside the scope of the type of injury he/she normally treats, the doctor's office will notify the employer or insurer and the injured employee will get another list of MPN doctors or specialists to make another selection pursuant to 8 CCR 9767.7 (c) (e).

If you disagree with the diagnosis or treatment recommended by the Third Opinion physician, you may file the application form with the California Division of Workers' Compensation Administrative Director to request an Independent Medical Review. If you need assistance contact your supervisor or your Claims Case Manager.

Contact Information

For questions and concerns regarding the MPN program contact your supervisor, the Claims Case Manager, or the Liberty Mutual Group MPN Program Coordinator. The Claims Case Manager and the MPN Program Coordinator may be contacted during normal business hours of 8:00 AM - 5:00 PM, Monday through Friday. The MPN Program Coordinator may be contacted at 800-331-1133. The Liberty Mutual Utilization Review Unit may be contacted during normal business hours of 8:30 AM - 6:30 PM, Monday through Friday by fax at 1-603-334-8141 or by phone at 1-800-664-CARE (2273).

If any person who makes or causes to be made any knowingly false, or fraudulent material statement or material representation for the purposes of obtaining or denying workers' compensation benefits or payments is guilty of a felony.