

State of California
Division of Workers' Compensation – Medical Unit

Medical Provider Network Application Form (optional)

Instructions: Submit this Medical Provider Network Application together with the Cover Page for Medical Provider Network Application (DWC Mandatory Form Section 9767.4), in a word searchable PDF and attach all exhibits, reference exhibits.

Date:

1. MPN Applicant:

2. Unique MPN Name:

3. State the number of covered employees and the method used to calculate the number:

If you are using an HCO, check the following:

☐ The MPN applicant confirms that the number of covered employees is within the capacity of the HCO.

4. Geographic service area(s):

Check one:

☐ State of California.

☐ Describe the geographic area(s) within the State of California.

5. Toll Free # for Medical Access Assistants (to be available Monday – Saturday 7 AM – 8 PM P.S.T.):

6. MPN Website URL:

7. Provider Listing URL:

8. Physician Acknowledgement (check the following):

☐ By submission of this application, the MPN applicant affirms that all MPN physicians have submitted to the MPN, a written, signed acknowledgement to be in the MPN.

These acknowledgements will be available for review upon request by the Administrative Director.

9. Attach physician's list. Submit a compact disk (CD) with in Microsoft Excel Format.

Confirm by checking the following:

- ☐ By submission of this list, the MPN applicant is confirming that a contractual agreement exists with the physicians, providers or medical group practice in the MPN to provide treatment for injured workers in the workers compensation system and that the contractual agreement is in compliance with Labor Code section 4609, if applicable.
- ☐ A geocoded provider listing is included in the CD.

10. Attach ancillary service provider list. Submit a compact disk (CD) with the Ancillary Service Provider List in Microsoft Excel Format. Confirm by checking the following:

- ☐ By submission of this list, the MPN applicant is confirming that a contractual agreement exists with the ancillary service providers to provide services under the MPN.
- ☐ All Ancillary Services will be provided within the MPN. The MPN applicant affirms that, for any ancillary services not available within the MPN, referrals will be made to ancillary services outside of the MPN.

Describe how ancillary services will be accessible to covered employees:

11. Describe the Second and third opinion process:

Check one:

- ☐ The MPN applicant chooses to adopt the second and third opinion policy as written on MPN exhibit A. Sign and attach MPN exhibit A.
- ☐ The MPN applicant chooses to write its own second and third opinion policy. Attach and reference exhibit A.

12. Description of access standards:

List the 5 most commonly used specialties:

- 1) _____
- 2) _____
- 3) _____

- 4) _____
5) _____

- ☐ The MPN applicant chooses to adopt the access standards policy as written on MPN exhibit B. Sign and attach MPN exhibit B.
- ☐ The MPN applicant chooses to write its own access standards policy. Attach and reference exhibit B.

13. Describe the employee notification process and attach an English and Spanish sample of the Complete Employee Notification document:

EMPLOYEE NOTIFICATION PROCESS:

Check one:

- ☐ The MPN applicant chooses to adopt the employee notification process as written on MPN exhibit C. Sign and attach MPN exhibit C.
- ☐ The MPN applicant chooses to write its own employee notification process. Attach and reference exhibit C.

COMPLETE EMPLOYEE NOTIFICATION:

Check one:

- ☐ The MPN applicant chooses to adopt the Complete Employee Notification as written on MPN exhibit D. Sign and attach MPN exhibit D.
- ☐ The MPN applicant chooses to write its own Complete Employee Notification. Attach reference exhibit D.

14. Attach the MPN Independent Medical Review (IMR) application form 9768.10 in English and Spanish as written on MPN exhibit E. (This notice will be used to notify injured workers about the MPN IMR process at the time of their request for a third opinion).

15. Transfer of care policy:

Check one:

- ☐ The MPN applicant chooses to adopt the transfer of care policy as written on MPN exhibit F. Sign and attach MPN exhibit F.
- ☐ The MPN applicant chooses to write its own transfer of care policy. Attach and reference exhibit F.

16. Continuity of care policy:

Check one:

- ☐ The MPN applicant chooses to adopt the continuity of care policy as written on MPN exhibit G. Sign and attach MPN exhibit G.

☐ The MPN applicant chooses to write its own continuity of care policy. Attach and reference exhibit G.
17. Quality of Care Procedures: Confirm by checking and attaching: ☐ The MPN applicant has established and attached its procedures for quality of care, performance of medical personnel, utilization of services and facilities and costs provided by the MPN to ensure adequate and necessary medical treatment is provided to covered employees. Attach and reference exhibit H.
18. Physician Compensation: Confirm by checking: ☐ The MPN applicant affirms that physician compensation is not structured with the goal of reducing, delaying or denying medical treatment or restricting access to medical treatment.
19. Licensed, Competent, Physician Treatment: Confirm by checking: ☐ The MPN applicant will ensure that no person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, when these services are within the scope of the physician's practice, will modify, delay, or deny requests for authorization of medical treatment.
20. Economic profiling policy: Check one: ☐ The MPN applicant affirms that there is no economic profiling conducted on its MPN providers at this time. ☐ The MPN conducts economic profiling and affirms that a copy was provided to MPN providers and is attached. Attach and reference exhibit I.
21. Compliance with Labor Code section 4616(g): Confirm by checking: ☐ The MPN applicant affirms that if it sells, leases, assigns, transfers, or conveys its medical provider networks and their contracted reimbursement rates to an insurer, employer, or entity that provides physician network services, or another contracting agent that it shall, upon entering or renewing a provider contract, disclose to the provider whether the medical provider network may be sold, leased, transferred, or conveyed to other insurers, employers, entities providing physician network services, or another contracting agent, and specify whether those insurers, employers, entities

providing physician network services, or contracting agents include workers' compensation insurers.

22. Signature of authorized individual: "I, the undersigned officer or employee of the MPN Applicant, have read and signed this application and know the contents thereof, and verify that, to the best of my knowledge and belief, the information included in this application is true and correct."

Signature of MPN Authorized Individual

Date

Printed Name of Authorized Individual _____

State of California
Division of Workers' Compensation – Medical Unit

MPN Exhibit A

Submit this form in conjunction with Medical Provider Network Application Form

Part A – Applicant Information

Date _____

Name of MPN Applicant _____

Name of MPN _____

Part B – Second and Third Opinion Language.

DO NOT MODIFY OR REVISE ANY PART OF THE LANGUAGE BELOW.

SECOND AND THIRD OPINION PROCESS

This MPN complies with the Second and Third opinion process set forth in Title 8 Section 9767.7 of Article 3.5 of the California Code of Regulations as follows:

- (a) If the covered employee disputes either the diagnosis or the treatment prescribed by the primary treating physician or the treating physician, the employee may obtain a second and third opinion from physicians within the MPN. 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.
- (b) If the covered employee disputes either the diagnosis or the treatment prescribed by the primary treating physician or the treating physician, it is the employee's responsibility to: (1) inform the person designated by Applicant that he or she disputes the treating physician's opinion and requests a second opinion (the employee may notify the person designated by the employer or insurer either in writing or orally); (2) select a physician or specialist from a list of available MPN providers; (3) make an appointment with the second opinion physician within 60 days; and (4) inform the person designated by the Applicant of the appointment date.

It is Applicant's responsibility to (1) provide a regional area listing of MPN 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 inform the employee of his or her right to request a copy of the medical records that will be sent to the second opinion physician; (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, and provide a copy of the records to the covered employee upon request; and (3) notify the second opinion physician in writing that he or she has been selected to provide a second opinion and the nature of the dispute with a copy to the employee. If the appointment is not made within 60 days of receipt of the list of the available MPN providers, then the employee shall be deemed to have waived the second opinion process with regard to this disputed diagnosis or treatment of this treating physician.

- (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 person designated by Applicant and employee so Applicant can provide a new list of MPN 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 MPN.

It is the employee's responsibility to: (1) inform the person designated by Applicant that he or she disputes the treating physician's opinion and requests a third opinion (the employee may notify the person designated by the employer or insurer either in writing or orally); (2) select a physician or specialist from a list of available MPN providers; and (3) make an appointment with the third opinion physician within 60 days; and (4) inform the person designated by Applicant of the appointment date.

It is Applicant's responsibility to (1) provide a regional area listing of MPN 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 inform the employee of his or her right to request a copy of the medical records that will be sent to the third opinion physician; 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, and provide a copy of the records to the covered employee upon request; and (3) notify the third opinion physician in writing that he or she has been selected to provide a third opinion and the nature of the dispute with a copy to the employee. If the appointment is not made within 60 days of receipt of the list of the available MPN providers, then the employee shall be deemed to have waived the third opinion process with regard to this disputed diagnosis or treatment of this treating physician.

- (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 person designated by the MPN applicant and employee so the MPN applicant can provide a new list of MPN 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 each 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, the person designated by the MPN applicant, and the employee's treating physician within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later.
- (g) The Applicant shall permit the employee to obtain the recommended treatment within the MPN. The covered employee may obtain the recommended treatment by changing physicians to the second opinion physician, third opinion physician, or other MPN physician.
- (h) If the injured covered 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. At the time of the selection of the physician for a third opinion, the covered employee shall be notified about the Independent Medical Review process. A copy of the Independent Medical Review form shall also be included with the notification. The notification and form shall be written in English and Spanish.

Part C – Verification

I have read the above language and affirm that this Medical Provider Network has adopted and will comply with the Second and Third Opinion Policy as described herein.

Signature of MPN Authorized Individual
Printed Name of Authorized Individual _____

Date

State of California
Division of Workers' Compensation – Medical Unit

MPN Exhibit B

Submit this form in conjunction with the Medical Provider Network Application Form

Part A – Applicant Information

Date _____

Name of MPN Applicant _____

Name of MPN _____

Part B – Access Standards Language.

DO NOT MODIFY OR REVISE ANY PART OF THE LANGUAGE BELOW.

ACCESS STANDARDS

This network meets the access standards forth in Title 8 Section 9767.5 of Article 3.5 of the California Code of Regulations as follows:

Applicant's MPN has at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on the type of occupation or industry in which the employee is engaged and within the access standards set forth in 9767.5.

Applicant's MPN has a primary treating physician and a hospital for emergency health care services, or if separate from such hospital, a provider of all emergency health care services, within 30 minutes or 15 miles of each covered employee's residence or workplace.

Applicant's MPN has providers of occupational health services and specialists within 60 minutes or 30 miles of a covered employee's residence or workplace.

Applicant has established alternative standards for providing medical treatment to injured covered employees in rural areas. 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 an MPN health facility from an out-of-network, non-contracted provider.

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

(2) The employee so affected shall 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 physicians within the MPN, the employee may change physicians among the referred physicians and may obtain a second and third opinion from the referred physicians.

(3) The referred physicians shall be located within the access standards described in 9767.5.

(4) Nothing in this section precludes a MPN applicant from having a written policy that allows a covered employee outside the MPN geographic service area to choose his or her own provider for non-emergency medical care.

For non-emergency services, Applicant ensures that an appointment for initial treatment is available within three business days of Applicant's receipt of a request for treatment within the MPN.

For non-emergency specialist services to treat common injuries experienced by the covered employees based on the type of occupation or industry in which the employee is engaged, Applicant ensures that an appointment is available within 20 business days of Applicant's receipt of a referral to a specialist within the MPN.

If the primary treating physician refers the covered employee to a type of specialist not included in the MPN, the covered employee may select a specialist from outside the MPN.

Applicant has a written policy to allow an injured employee to receive emergency health care services from a medical service or hospital provider who is not a member of the MPN.

Part C – Verification

I have read the above language and affirm that this Medical Provider Network has adopted and will comply with the Second and Third Opinion Policy as described herein.

Signature of MPN Authorized Individual

Date

Printed Name of Authorized Individual

State of California
Division of Workers' Compensation – Medical Unit

MPN Exhibit C

Submit this form in conjunction with Medical Provider Network Application Form

Part A – Applicant Information

Date _____

Name of MPN Applicant _____

Name of MPN _____

Part B – Employee Notification Process Language

DO NOT MODIFY OR REVISE ANY PART OF THE LANGUAGE BELOW.

EMPLOYEE NOTIFICATION PROCESS

TO BE UPDATED

Part C – Verification

I have read the above language and affirm that this Medical Provider Network has adopted the above procedure of employee notification.

Signature of MPN Authorized Individual

Date

Printed Name of Authorized Individual _____

State of California
Division of Workers' Compensation – Medical Unit

Exhibit D

Submit this form in conjunction with the Medical Provider Network Application Form

Part A – Applicant Information

Date _____

Name of MPN Applicant _____

Name of MPN _____

Part B – Employee Notification Language in English. Fill in the blanks with information indicated on your Medical Provider Network Application Form.

DO NOT MODIFY OR REVISE ANY PART OF THE LANGUAGE BELOW.

Complete Written Employee Notification Re: Medical Provider Network
(Title 8, California Code of Regulations, section 9767.12)

TO BE UPDATED

Part C – Verification

I have read the above language and affirm that this Medical Provider Network has adopted and will make available the Spanish version of the Employee Notification as written.

Signature of MPN Authorized Individual

Date

Printed Name of Authorized Individual _____

State of California
Division of Workers' Compensation – Medical Unit

MPN Exhibit E

Submit this form in conjunction with Medical Provider Network Application Form

Part A – Applicant Information

Date _____

Name of MPN Applicant _____

Name of MPN _____

Part B – Independent Medical Review Application.

DO NOT MODIFY OR REVISE ANY PART OF FORM 9768.10.

The Division of Workers' Compensation – 8 CCR §9768.10 Mandatory Form as shown on pages 2 to 5 will be used by this MPN Applicant.

Part C – Verification

I affirm that this Medical Provider Network will provide the English and Spanish version of DWC Form 9768.10 to the injured worker.

Signature of MPN Authorized Individual

Date

Printed Name of Authorized Individual

Independent Medical Review Application
(Division of Workers' Compensation – 8 CCR §9768.10 Mandatory Form)

Employee Section: The Employee shall complete this section and send the completed form to the Administrative Director. Mailing address: Dept. of Industrial Relations, Division of Workers' Compensation, P.O. Box 71010, Oakland, CA 94612.

Employee Name	Employee Phone Number / Fax	Employee's Address
Employee's Attorney's Name, if applicable	Attorney's Phone Number / Fax	Attorney's Address

Pursuant to Labor Code section 4616.4, I request that the Administrative Director set an Independent Medical Review within 30 days from receipt of this Application.

Check one: ☐ Request for In-Person Examination ☐ Request for Record Review (no In-Person Examination)

Is interpreter needed for exam? _____ If yes, language: _____

Describe diagnosis and part of body affected: _____

Reason for request for Independent Medical Review. Please explain if the dispute involves the diagnosis, treatment or a test (attach additional page or additional materials, such as medical records, if necessary):

Select an alternative specialty, other than specialty of treating physician, if any, from the list on the instructions for this form:

Release: I, _____ (injured employee or person authorized pursuant to law to act on behalf of the injured employee), authorize the release of relevant medical records to the Independent Medical Reviewer.

Signature of injured employee or authorized person	Date
--	------

Medical Provider Network Contact Section: The MPN Contact shall complete this section and send the form to the employee.

Employee	Employer
Insurer	Claim Number
Medical Provider Network	Date of Injury
Treating Physician	Specialty Address
2nd Opinion Physician and specialty	3rd Opinion Physician and specialty

Select an alternative specialty other than specialty of treating physician, if any, from the list on the back of this form:

I declare under penalty of perjury that I mailed a copy of the Application for IMR to the above named Employee on:

Date	Signature	Phone number, fax, and email of MPN Contact
Name of MPN Contact	Address	

Instructions for Independent Medical Review Application Form

Instructions for MPN Contact: At the time of the selection of the physician for a third opinion, you are required to notify the covered employee about the Independent Medical Review process and provide the covered employee with this "Independent Medical Review Application" form. You are required to fill out the "MPN Contact section" of the form. You must then send the form to the employee, who will fill out the top section of the form and send it to the Division of Workers' Compensation. The DWC will send you written notification of the name and contact information of the Independent Medical Reviewer. You must then send the employee's relevant medical records as defined by section 9768.1(a)(11) to the Independent Medical Reviewer. A copy of the medical reports must also be sent to the employee.

Instructions for Injured Employee: This application is being sent to you because you have requested a third opinion to address your dispute with your treating doctor's diagnosis, suggested test, or suggested medical treatment. **Please wait until you read the report from the third opinion doctor before you fill out this form.** If the report resolves your dispute, then you do not need to fill out this form. If you still have a dispute with your treating doctor, then you may request an Independent Medical Review by completing this form and sending it to:

Dept. of Industrial Relations
Division of Workers' Compensation
P.O. Box 71010
Oakland, CA 94612.

An Independent Medical Review is done by a physician who does not work directly with your doctor. You can visit that doctor and be examined or you can choose to have the doctor review your records. Indicate on the form whether you want to be examined (in-person examination) or if you only want to have your records reviewed.

The specialty of the doctor will be the same as the specialty of your treating physician, if possible. Not all types of doctors can be an Independent Medical Reviewer. You may select another type of doctor in case your doctor's specialty is not available. To do this, look at the list of specialists below and chose one type. Indicate this choice on the application. You will receive the name and contact information of the Independent Medical Reviewer from the Division of Workers' Compensation. When you receive the name of the Independent Medical Reviewer, you must make an appointment within 60 days. The Independent Medical Reviewer is required to schedule an appointment with you within 30 days. If you fail to make the appointment with the Independent Medical Reviewer within 60 days, you will not be allowed to have an Independent Medical Review on this dispute. **Written notice must be made to the Administrative Director and MPN Contact if you wish to withdraw the request for an Independent Medical Review after this form has been submitted.**

SPECIALTY CODES

MAI Allergy and Immunology	MAA Anesthesiology
MRS Colon & Rectal Surgery	MDE Dermatology
MEM Emergency Medicine	MFP Family Practice
MPM General Preventive Medicine	MHD Hand – Orthopaedic Surgery, Plastic Surgery, General Surgery
MMM Internal Medicine	MMV Internal Medicine – Cardiovascular Disease
MME Internal Medicine – Endocrinology Diabetes and Metabolism	MMG Internal Medicine – Gastroenterology
MMH Internal Medicine – Hematology	MMI Internal Medicine – Infectious Disease
MMO Internal Medicine – Medical Oncology	MMN Internal Medicine – Nephrology
MMP Internal Medicine – Pulmonary Disease	MMR Internal Medicine – Rheumatology
MPN Neurology	MNS Neurological Surgery
MNM Nuclear Medicine	MOG Obstetrics and Gynecology
MPO Occupational Medicine	MOP Ophthalmology
MOS Orthopaedic Surgery	MTO Otolaryngology
MAP Pain Management – Psychiatry and Neurology, Physical Medicine and Rehabilitation, Anesthesiology	MHA Pathology
MEP Pediatrics	MPR Physical Medicine & Rehabilitation
MPS Plastic Surgery	MPD Psychiatry
MRD Radiology	MSY Surgery
MSG Surgery – General Vascular	MTS Thoracic Surgery
MTX Toxicology – Preventive Medicine, Pediatrics, Emergency	MUU Urology
POD Podiatry	

Solicitud de Revisión Médica Independiente**(Division of Workers' Compensation – 8 CCR §9768.10 Mandatory Form)****Sección para el empleado:** El empleado debe llenar esta sección y enviar el formulario al Director Administrativo**Dirección Postal:** Dept. of Industrial Relations, Division of Workers' Compensation, P.O. Box 71010, Oakland, CA 94612-7110

Nombre del Empleado(a) _____ Número de teléfono/Fax del Empleado _____ Dirección del Empleado(a) _____

Nombre del Abogado del Empleado(a) _____ Número de teléfono/fax del Abogado _____ Dirección del Abogado _____
(si corresponde)**Conforme al artículo 4616.4 del Código Laboral, solicito que el Director Administrativo fije una Revisión Médica Independiente a partir de 30 días de recibir de esta solicitud**Marque una: ☐ Solicitud de examen en persona ☐ Solicitud de únicamente de revisión del expediente medico (sin examen en persona)

¿Se necesita intérprete para el examen? _____ Si la respuesta es afirmativa, idioma: _____

Describa diagnóstico y parte del cuerpo afectada: _____

Razón para solicitar la Revisión Médica Independiente: Le agradeceremos que explique si la disputa implica el diagnóstico, tratamiento o alguna prueba (adjuntar páginas adicionales o materiales adicionales, tal como informes médicos, si es necesario): _____

Seleccione una especialidad alternativa, aparte de la especialidad del medico que le está tratando actualmente, si es que la hay, de la lista de la hoja de instrucciones para este formulario: _____

Autorización: El suscrito(a) _____ (empleado lesionado o persona autorizada conforme a las leyes para actuar en nombre del trabajador lesionado), por medio de la presente autoriza que se libere la información médica pertinente al Médico Revisor Independiente

Firma del trabajador lesionado o persona autorizada _____ Fecha _____

Sección sobre contactos de la Red de Proveedores Médicos: El contacto del MPN debe llenar esta sección y enviar el formulario al empleado.

Empleado _____ Empleador _____

Asegurador _____ Número del Reclamo _____

Red de Proveedores Médicos _____ Fecha de la Lesión _____

Médico que lo está Atendiendo _____ Especialidad _____ Dirección _____

Médico de la Segunda Opinión y Especialidad _____ Médico de la Tercera Opinión y Especialidad _____

Seleccione una especialidad alternativa, aparte de la especialidad del médico que le está atendiendo, si la hay, de la lista al reverse de este formulario: _____

Declaro bajo pena de perjurio que le envié una copia de la Solicitud de IMR al empleado anteriormente mencionado, el:

Fecha _____ Firma _____ Número de teléfono/fax y correo electrónico del Contacto MPN _____

Nombre del contacto MPN _____ Dirección _____

DWC Form 9768.10_Span
May 2007

Instrucciones para solicitar el Formulario para la Revisión Médica Independiente

Instrucciones para el contacto de la MPN: Para seleccionar un médico que emita una tercera opinión, usted debe notificar al empleado cubierto sobre el proceso de Revisión Médica Independiente y proporcionar a dicho empleado el formulario de "Solicitud de Revisión Médica Independiente". Usted debe llenar la "Sección sobre contactos de la Red de Proveedores Médicos" del formulario. Luego debe enviarle el formulario al empleado, quien llenará la sección superior y la enviará a la División de Compensación de Trabajadores (DWC). La DWC le enviará una notificación por escrito, indicando el nombre y la información del Revisor Médico Independiente. Usted debe enviar los informes médicos pertinentes del empleado, tal como se define en el Artículo 9768.1(a)(11) al del Revisor Médico Independiente. También se le deben enviar al empleado copias de los informes médicos.

Instrucciones para el empleado lesionado: Le estamos enviando esta solicitud ya que usted ha solicitado una tercera opinión que se ocupe de su desacuerdo respecto al diagnóstico del médico que lo está atendiendo, las pruebas o el tratamiento médico que se le han sugerido. **Antes de llenar este formulario sírvase esperar a leer el informe del doctor que va a emitir una tercera opinión.** Si el informe resuelve el desacuerdo, entonces no necesitará llenarlo. Si todavía estuviera en desacuerdo con el médico que lo está atendiendo, entonces puede solicitar una Revisión Médica Independiente, utilizando este formulario, el cual debe llenar y enviar a:

Dept. of Industrial Relations
Division of Workers' Compensation
P.O. Box 71010
Oakland, CA 94612-7110

La Revisión Médica Independiente lo lleva a cabo un médico que no trabaja directamente con su doctor. Usted puede tener una consulta y ser examinado por ese doctor o puede elegir que el doctor revise su expediente médico. En el formulario debe indicar si desea que el doctor lo examine (una consulta en persona) o si sólo quiere que el doctor revise sus expedientes médicos.

De ser posible, la especialidad del doctor debe ser la misma que la del médico que lo está atendiendo. No todas las clases de doctores pueden ser Revisores Médicos Independientes. Usted puede elegir otra clase de médico en caso de que la especialidad de su doctor no se encontrara disponible. Para elegir, revise la lista de especialistas que se presentan más abajo y elija una de las especialidades. Indique en el formulario la especialidad que eligió. La División de Compensación de Trabajadores le enviará el nombre y la información que necesita para comunicarse con el Médico Revisor Independiente. Cuando reciba el nombre del Médico Revisor Independiente debe pedir una cita dentro de los siguientes 60 días. El Médico Revisor Independiente debe darle una cita dentro de los siguientes 30 días. Si usted no hace la cita con el Médico Revisor Independiente dentro de los siguientes 60 días, no se le permitirá obtener una revisión médica independiente en relación con este desacuerdo. **Si decide retirar su solicitud para obtener la Revisión Médica Independiente después de haberla presentado, debe hacerlo por escrito mediante cartas dirigidas a la persona a cargo en la MPN y al Director Administrativo.**

CÓDIGOS DE LAS ESPECIALIDADES

MAI Alergias e Inmunología	MAA Anestesiología
MRS Cirugía de Colon & Rectal	MDE Dermatología
MEM Medicina de Emergencia	MFP Sistema de Atención Médica de la Familia
MPM Medicina General Preventiva	MHD Manos—Cirugía Ortopédica, Cirugía Plástica, Cirugía General
MMM Medicina Interna	MMV Medicina Interna—Enfermedades Cardiovasculares
MME Medicina Interna—Diabetes, Endocrinología y Metabolismo	MMG Medicina Interna - Gastroenterología
MMH Medicina Interna – Hematológica	MMI Medicina Interna – Enfermedades Infecciosas
MMO Medicina Interna – Oncología Médica	MMN Medicina Interna - Nefrología
MMP Medicina Interna – Enfermedades Pulmonares	MMR Medicina Interna – Reumatología
MPN Neurología	MNS Cirugía Neurológica
MNM Medicina Nuclear	MOG Obstetricia y Ginecología
MPO Medicina Ocupacional	MOP Oftalmología
MOS Cirugía Ortopédica	MTO Otorinolaringología
MAP Control de Dolor—Psiquiatría y Neurología, Medicina Física y Rehabilitación, Anestesiología	MHA Patología
MEP Pediatría	MPR Medicina Física y Rehabilitación
MPS Cirugía Plástica	MPD Psiquiatría
MRD Radiología	MSY Cirugía
MSG Cirugía—Enfermedades Vasculares en General	MTS Cirugía Torácica
MTX Toxicología—Medicina Preventiva, Pediatría, Emergencia	MUU Urología
POD Podiatría	

DWC Form 9768.10_Span
May 2007s

State of California
Division of Workers' Compensation – Medical Unit

MPN Exhibit F

Submit this form in conjunction with the Medical Provider Network Application Form

Part A – Applicant Information

Date _____

MPN Applicant _____

MPN Name _____

Part B – Transfer of Care Language.

DO NOT MODIFY OR REVISE ANY PART OF THE LANGUAGE BELOW.

TRANSFER OF CARE (TOC)

Every currently open claim will be evaluated to determine if it is an appropriate candidate for transfer into the MPN. If the transfer is appropriate, then the MPN will work with all affected parties to ensure a smooth transfer and then to monitor and oversee the claim for proper notifications.

(a) If the injured covered employee's injury or illness does not meet the conditions set forth in (e) (1) through (e) (4), the injured covered employee may be transferred into the MPN for medical treatment.

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

(c) Nothing in this section shall preclude Applicant from agreeing to provide medical care with providers outside of the MPN.

(d) If an injured covered 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 injured covered employee's physician or provider becomes a provider within the MPN that applies to the injured covered employee, then the employer or insurer shall inform the injured covered employee and his or her physician or provider if his/her treatment is being provided by his/her physician or provider under the provisions of the MPN.

(e) Applicant shall authorize the completion of treatment for 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 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:

- (1) An acute condition. For purposes of this subdivision, 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.
- (2) A serious chronic condition. For purposes of this subdivision, 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 shall be authorized for a period of time necessary, up to one year: (A) to complete a course of treatment approved by the employer or insurer; and (B) to arrange for transfer to another provider within the MPN, as determined by the insurer or employer. The one year period for completion of treatment starts from the date of the injured covered employee's receipt of the notification, as required by subdivision (f), of the determination that the employee has a serious chronic condition.

- (3) A terminal illness. For purposes of this subdivision, 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 from the MPN coverage effective date.

(f) If Applicant decides to transfer the covered employee's medical care to the medical provider network, Applicant shall notify the covered employee of the determination regarding the completion of treatment and the decision to transfer medical care into the medical provider network. The notification shall be sent to the covered employee's residence 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.

(g) If the injured covered employee disputes the medical determination under this section, 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 (e) (1-4). 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 Applicant shall apply.

(h) If Applicant 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 transfer of care shall be resolved pursuant to Labor Code section 4062.

(i) If the treating physician agrees with Applicant's determination that the injured covered employee's medical condition does not meet the conditions set forth in subdivisions (e)(1) through (e)(4), the transfer of care shall go forward during the dispute resolution process.

(j) If the treating physician does not agree with Applicant's determination that the injured covered employee's medical condition does not meet the conditions set forth in subdivisions (e)(1) through (e)(4), the transfer of care shall not go forward until the dispute is resolved.

(k) Replacement of transfer of care policy. Applicant will file a revision of the transfer of care policy with the Administrative Director if it makes a material change to this policy.

Part C – Verification

I have read the above language and affirm that this Medical Provider Network has adopted and will comply with the Transfer of Care Policy as described herein.

Signature of MPN Authorized Individual
Printed Name of Authorized Individual _____

Date

Part D – Transfer of Care Language in Spanish.

DO NOT MODIFY OR REVISE ANY PART OF THE LANGUAGE BELOW.

Política de Transferencia de Cuidado Medico

Cada reclamación actualmente abierta será evaluada para determinar si es un candidato apropiado para la transferencia en el MPN. Si la transferencia es apropiada, entonces el MPN trabajará con todas las partes afectadas para asegurar una transferencia con fluidez y luego monitorear y supervisar la reclamación para las notificaciones apropiadas.

(a) Si la lesión del empleado cubierto lesionado o la enfermedad del mismo no se encuentra dentro de la condiciones establecidas adelante en (e) (1) hasta el (e) (4), el empleado cubierto lesionado puede ser transferido en el MPN para el tratamiento médico.

(b) Hasta que el empleado cubierto lesionado sea transferido al MPN, el médico del empleado puede hacer recomendaciones con proveedores dentro o fuera del MPN.

(c) Nada en esta sección impedirá al Solicitante de consentir en proveer la asistencia médica de proveedor fuera del MPN

(d) Si un empleado cubierto lesionado está siendo tratado para una lesión o enfermedad ocupacional por un médico o proveedor antes de la cobertura de una red de proveedores médicos, y el médico del empleado cubierto lesionado o el proveedor se convierte en proveedor del MPN esto se aplica al empleado cubierto lesionado, entonces el patrón o el asegurador informarán al empleado cubierto lesionado y su médico o proveedor si su tratamiento está siendo proporcionado por su médico o proveedor bajo las provisiones de MPN.

(e) El solicitante autorizará la conclusión de tratamiento para los empleados cubiertos lesionados que está siendo tratados fuera del MPN por una lesión o enfermedad ocupacional que ocurrió antes de la cobertura del MPN y cuyo médico no es un proveedor dentro del MPN, incluso empleados cubiertos lesionados que pre designaron a un médico y no está dentro de la sección 4600 (d), del Código de Trabajo para las condiciones siguientes:

(1) Una condición aguda. Para objetivos de esta subdivisión, una condición aguda es una condición médica que implica un inicio repentino de síntomas debido a una enfermedad, lesión, u otro problema médico que requiere la asistencia médica pronta y esto tiene la duración de menos de 90 días. La conclusión del tratamiento será proporcionado por la duración de la condición aguda.

(2) Una condición crónica seria. Para objetivos de esta subdivisión, una condición crónica seria es una condición médica debido a una enfermedad, lesión catastrófica, u otro problema médico o desorden médico que es serio en su naturaleza y esto persiste sin la curación completa o empeora en más de 90 días y requiere que el tratamiento en curso mantenga la remisión o prevenga el empeoramiento. La conclusión del tratamiento estará autorizado para el periodo del tiempo necesario, hasta un año: (A)

para completar un curso de tratamiento aprobado por el patrón o asegurador; y (B) para hacer los arreglos de transferencia a otro proveedor dentro del MPN, como es determinado por el asegurador o patrón. Un período de año para la conclusión del tratamiento comienza de la fecha del recibo de la notificación, del empleado cubierto lesionado como es requerido por la subdivisión (f), de la determinación que el empleado tiene una condición crónica seria.

(3) Una enfermedad terminal. Para objetivos de esta subdivisión, una enfermedad terminal es una condición incurable o irreversible que tiene una probabilidad alta de causar la muerte dentro de un año o menos. La conclusión del tratamiento será proporcionada por la duración de una enfermedad terminal.

(4) El hacer una cirugía u otro procedimiento que está autorizado por el asegurador o patrón como parte de un curso documentado del tratamiento y ha sido recomendado y documentado por el proveedor para que se lleve a cabo dentro de 180 días de la fecha de vigencia de cobertura del MPN.

(f) Si el Solicitante decide transferir la asistencia médica del empleado cubierto a la red de proveedores médicos, el Solicitante notificará al empleado cubierto de la determinación en cuanto a la conclusión de tratamiento y la decisión de transferir la asistencia médica en la red de proveedores médicos. La notificación será enviada a la residencia del empleado cubierto y una copia de la carta será enviada al médico primario del empleado cubierto. La notificación será escrita en inglés y español y usando los términos más simples posibles.

Si el empleado cubierto lesionado disputa la determinación médica bajo esta sección, el empleado cubierto lesionado solicitará un informe del médico primario del empleado cubierto que indica si el empleado cubierto está dentro de cualquiera de las condiciones establecidas adelante en (e) (1-4). El médico primario proporcionará el informe al empleado cubierto dentro de veinte días naturales de la petición. Si el médico primario no le envía el informe, entonces la determinación hecha por el Solicitante se aplicará.

(g) Si el Solicitante o el empleado cubierto lesionado se oponen a la determinación médica por el médico primario, la disputa en cuanto a la determinación médica hecha por el médico primario acerca de la transferencia del cuidado médico será resuelta de acuerdo con la sección 4062 del Código de Trabajo.

(h) Si el médico primario está de acuerdo con la determinación del Solicitante que la condición médica de empleado cubierto lesionado no está dentro de las condiciones establecidas adelante en subdivisiones (e) (1) hasta el (e) (4), la transferencia del cuidado médico proseguirá durante el proceso de resolución de la disputa.

(i) Si el médico primario no está de acuerdo con la determinación del Solicitante que la condición médica del empleado cubierto lesionado no está dentro de las condiciones establecidas adelante en subdivisiones (e) (1) hasta el (e) (4), la transferencia del cuidado médico no proseguirá hasta que la disputa sea resuelta.

(j) Reemplazo de política de transferencia del cuidado médico. El solicitante presentará una petición de revisión de la política de transferencia del cuidado médico con el Director Administrativo si esto hace un cambio material en esta política.

Part E – Verification

I have read the above language and affirm that this Medical Provider Network has adopted and will comply with the Transfer of Care Policy as described herein.

Signature of MPN Authorized Individual
Printed Name of Authorized Individual _____

Date

State of California
Division of Workers' Compensation – Medical Unit

MPN Exhibit G

Submit this form in conjunction with the Medical Provider Network Application Form

Part A – Applicant Information

Date _____

Name of MPN Applicant _____

Name of MPN _____

Part B – Continuity of Care Language in English.

DO NOT MODIFY OR REVISE ANY PART OF THE LANGUAGE BELOW.

CONTINUITY OF CARE

MPN Applicant will provide all employees entering the workers' compensation system with notice of its written continuity of care policy and with information regarding the process for an employee to request a review under the policy. MPN Applicant will also provide, upon request, a copy of the written policy to any employee.

Procedure:

- 1) Completion of treatment by a terminated medical provider. MPN Applicant will, at the request of an injured employee, provide the completion of treatment as set forth in this exhibit by a terminated medical provider.
 - a) The treatment being provided by a medical provider whose membership in the MPN terminates will be provided by a terminated medical 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 b i-b iv) below.
 - b) MPN Applicant will provide for the completion of treatment for the following conditions subject to coverage through the workers' compensation system before transferring further medical treatment to a physician in the MPN. At that time, the employee will have the same rights to select a new physician or contest the opinion of the primary treating physician as has been previously described:
 - 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 duration of less than ninety (90) days. Completion of treatment shall be provided for the duration of an 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 a period of at least ninety (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, as determined by the insurer or 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.

- 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. There will be no transfer of care in such circumstances, and 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 the Employer/Insurer 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. MPN Applicant may require the terminated medical 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 medical provider does not agree to comply or upon agreement does not comply with these contractual terms and conditions, then MPN Applicant is not required to continue the provider's services beyond the contract termination date.

3) Compensation. Unless otherwise agreed by the terminated medical provider and MPN Applicant, the services rendered pursuant to this section will be compensated at rates and methods of payment similar to those used by MPN Applicant for currently contracted providers providing similar services who are practicing in the same or a similar geographic area as the terminated medical provider. MPN Applicant is not required to continue the services of a terminated medical 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 Applicant to provide for completion of treatment by a provider whose contract with MPN Applicant 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 Applicant from providing continuity of care beyond the requirements of this exhibit.

6) Dispute resolution process

- a) Following Applicant's determination of the injured covered employee's medical condition, Applicant shall notify the covered employee of the determination regarding the 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 residence 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.
- b) 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 described in paragraphs b) i – iv. The treating physician shall provide the report to the covered employee within 20 calendar days of the request. If the treating physician fails to issue the report within 20 days, then the determination made by MPN Applicant shall apply.

- c) If MPN Applicant 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.
- d) If the treating physician agrees with MPN Applicant'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), then the employee shall choose a new provider from within the MPN during the dispute resolution process.
- e) If the treating physician does not agree with MPN Applicant'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.

7) Replacement of continuity of care policy. MPN Applicant will file a revision of the continuity of care policy with the Administrative Director if it makes a material change to this policy.

Part C – Verification

I have read the above language and affirm that this Medical Provider Network has adopted and will comply with the Continuity of Care Policy as described herein.

_____ <i>Signature of MPN Authorized Individual</i>	_____ <i>Date</i>
_____ <i>Printed Name of Authorized Individual</i>	

Part D – Continuity of Care Language in Spanish.

DO NOT MODIFY OR REVISE ANY PART OF THE LANGUAGE BELOW.

Política de Continuidad del Cuidado Medico

El Solicitante de MPN proporcionará a todos los empleados que entran en el sistema de compensación de trabajadores el aviso por escrito de la política de continuidad de cuidado médico y con la información en cuanto al proceso para un empleado para solicitar una revisión bajo dicha política. El solicitante de MPN también proveerá, bajo petición, una copia de la política escrita a cualquier empleado.

Procedimiento:

1) Conclusión de tratamiento por un proveedor médico terminado. El solicitante de MPN, a petición de un empleado lesionado, proporcionará la conclusión de tratamiento por un proveedor médico terminado como es puesto adelante en esta prueba instrumental.

a) El tratamiento proporcionado por un proveedor médico cuyo ingreso en el MPN se termina, será proporcionado por un proveedor médico terminado a un empleado lesionado que, en el momento de la terminación del contrato, recibía servicios de aquel proveedor para una de las condiciones descritas en el párrafo 1.b iv) abajo.

b) El solicitante de MPN, asegurará la conclusión de tratamiento por las condiciones siguientes sujetas a la cobertura por el sistema de compensación de los trabajadores antes de transferir el tratamiento médico adicional a un médico en el MPN. Entonces, el empleado tendrá los mismos derechos de seleccionar a un nuevo médico o impugnar la opinión del médico de tratamiento primario como ha sido antes descrito:

- i) Una condición aguda. Una condición aguda es una condición médica que implica un inicio repentino de síntomas debido a una enfermedad, lesión, u otro problema médico que requiere la asistencia médica pronta y esto tiene una duración de menos de noventa (90) días. La conclusión del tratamiento será proporcionada durante la duración de la condición aguda.
- ii) Una condición crónica seria. Una condición crónica seria es una condición médica debido a una enfermedad, u otro problema médico o desorden médico que es serio por naturaleza y esto persiste sin la curación completa o se empeora durante un período de al menos noventa (90) días o requiere que el tratamiento en curso mantenga la remisión o prevenga el empeoramiento. La conclusión del tratamiento será proporcionada durante el periodo del tiempo necesario de completar un curso de tratamiento y hacer los arreglos para una transferencia segura a otro proveedor, como es determinado por el asegurador o el empleador en consulta con el empleado lesionado y el proveedor médico terminado y consistente con la práctica profesional buena. La conclusión del tratamiento conforme a este párrafo no excederá 12 meses de la fecha de terminación del contrato.
- iii) Una enfermedad terminal. Una enfermedad terminal es una condición incurable o irreversible que tiene una probabilidad alta de causar la muerte dentro de un año o menos. No habrá ninguna transferencia del cuidado en tales circunstancias, y la conclusión del tratamiento será proporcionada por la duración de una enfermedad terminal.
- iv) Cirugía u otro procedimiento. La realización de la cirugía u otro procedimiento que está autorizada por el Patrón/Asegurador como parte de un curso documentado del tratamiento y ha sido recomendado y documentado por el proveedor médico el cual ocurra dentro de 180 días después de la fecha de terminación del contrato.

2) Términos contractuales y condiciones. El solicitante de MPN puede requerir al proveedor médico terminado cuyos servicios son seguidos más allá de la fecha de terminación de contrato de acuerdo con esta sección, consentir por escrito en ser sujetos a los mismos términos contractuales y condiciones que fueron impuestos sobre el proveedor antes de la terminación. Si el proveedor médico terminado no consiente en cumplir o sobre el acuerdo no cumple con estos términos contractuales y condiciones, entonces el MPN solicitante no está requerido a continuar los servicios del proveedor más allá de la fecha de terminación de contrato.

3) Compensación. A no ser que se convenga otra cosa por el proveedor médico terminado y el Solicitante de MPN, los servicios dados de acuerdo con esta sección serán compensados en precios y métodos del pago similar a aquellos usados por el Solicitante de MPN de proveedores actualmente contratados que proporcionan servicios similares quienes practican en la misma o una área geográfica similar que el proveedor médico terminado. No se requiere que el solicitante de MPN siga los servicios de un proveedor médico terminado si el proveedor no acepta los precios de pago asegurados en este párrafo.

4) Terminación por causa disciplinaria médica o razón. Esta política no requerirá que el Solicitante asegure la conclusión del tratamiento por un proveedor médico cuyo contrato con el Solicitante de MPN ha sido terminado o no renovado por motivos acerca de una causa disciplinaria médica o razón, como es definido en

el párrafo (6) de la subdivisión (a) de la Sección 805 del *Código de Profesión y Negocio*, o fraude u otra actividad criminal.

5) Continuidad de cuidado medico más allá de lo requerido. Nada en esta prueba instrumental impedirá al Solicitante de proporcionar la continuidad del cuidado más allá de las exigencias de esta prueba instrumental.

6) Proceso de resolución de disputa.

- a) Siguiendo la determinación del Solicitante de la condición médica del empleado cubierto lesionado, el Solicitante notificará al empleado cubierto de la determinación en cuanto a la conclusión de tratamiento y si se requerirá que el empleado seleccione a un nuevo proveedor dentro del MPN. La notificación será enviada a la residencia del empleado cubierto y una copia de la carta será enviada al medico primario que lo esta tratando. La notificación será escrita en inglés y español y usando los términos más comunes posibles.
- b) Si el proveedor terminado consiente en seguir tratando al empleado cubierto lesionado de acuerdo con la sección 4616.2 del Código de Trabajo y si el empleado cubierto lesionado disputa la determinación médica, el empleado cubierto lesionado solicitará un informe del medico primario del empleado cubierto para determinar si el empleado cubierto cae dentro de cualquiera de las condiciones descritas en los párrafos b) i-iv: El médico primario deberá proveer el informe al empleado cubierto dentro de 20 días naturales de la petición. Si el médico primario no envía el informe dentro de 20 días, entonces la determinación hecha por el Solicitante de MPN referida se aplicará.
- c) Si el Solicitante de MPN o el empleado cubierto lesionado se oponen a la determinación médica por el médico primario, la disputa en cuanto a la determinación médica hecha por el médico primario acerca de la continuidad de cuidado será resuelta de acuerdo con la sección 4062 de Código de Trabajo.
- d) Si el médico primario está de acuerdo con la determinación del Solicitante de MPN que la condición médica del empleado cubierto lesionado no se encuentra dentro de las condiciones establecidas adelante en la sección 4616.2 (d) (3), del Código de Trabajo entonces el empleado elegirá a un nuevo proveedor dentro el MPN durante el proceso de resolución de disputa
- e) Si el médico primario no está de acuerdo con la determinación del Solicitante que la condición médica del empleado cubierto lesionado no se encuentra dentro de las condiciones establecidas adelante en la sección 4616.2 (d) (3) del Código de Trabajo, el empleado cubierto lesionado seguirá tratándose con el proveedor terminado hasta que la disputa sea resuelta.

7) Política de reemplazo de continuidad de cuidado médico. El solicitante de MPN presentará una petición de revisión de la política de continuidad de cuidado médico con el Director Administrativo si esto hace un cambio material en esta política.

Part C – Verification

I have read the above language and affirm that this Medical Provider Network has adopted and will comply with the Continuity of Care Policy as described herein.

Signature of MPN Authorized Individual

Date

Printed Name of Authorized Individual _____
