

SELF-INSURED SCHOOLS OF CALIFORNIA MEDICAL PROVIDER NETWORK

EMPLOYEE HANDBOOK

MPN EMPLOYEE HANDBOOK TABLE OF CONTENTS

	PAGE
THE PURPOSE OF THE MEDICAL PROVIDER NETWORK (MPN) Workers' Compensation Injuries and Illnesses Only	4
HOW TO ACCESS THE MPN Description of Services Report Your Injury Immediately Definition of "Emergency Health Care Services" Selecting a Medical Provider What To Do If You Have Trouble Getting an Appointment	5 5 5 6 7
CHANGING PROVIDERS & SECOND/THIRD OPINIONS Changing Your Provider How To Obtain A Referral To A Specialist How To Use the Second and Third Opinion Process How To Obtain An Independent Medical Review	7 7 7 8
MEDICAL BILLS	9
DISPUTES What If My Employer Disputes My Injury	9
CONTINUITY OF CARE What Happens If Your Provider Is Terminated From the MPN	9
TRANSFER OF ONGOING CARE What Happens When You Are Being Treated For An Injury Or Illness Prior To the Coverage Of the MPN	10
MPN CONTACT INFORMATION	10
Attachment A: Continuity of Care Policy	
Attachment B: Transfer of Care Policy	
Attachment C: Access Standards	

THE PURPOSE OF THE MEDICAL PROVIDER NETWORK

Cal, orn, a law requires your e ployer to provide and pay or edical treat ent, you are

Description of Services

Your e ployer s respons ble or providin edical care includin

A r, ary Care ys,c,an w,t,n ,nutes or ,les o your res, dence or wor place

• t er occupat, onal ealt serv, ces and spec, al, sts w,t,n ,nutes or ,les
o your res, dence or wor place
Access to ed, cal care, n rural areas
E er ency ealt care serv, ces and
Med, cal care, you are wor, n or travel, n outs, de o t e eo rap, c serv, ces area

IMPORTANT: REPORT YOUR INJURY IMMEDIATELY

In t e event o an e er ency de ned below on t s pa e or, ur ent care s needed please call or see ed cal attent on ro t e nearest osp, tal or r ent Care Center Once you have received care, let your Site Coordinator know as soon as possible.

I your ob related 'nury or 'llness', s not an e er ency please let your, ed, ate supervisor and-or t e 'te Coord, nator now be ore see, n a doctor

VERY IMPORTANT:

IF YOU HAVE PRE-DESIGNATED YOUR PERSONAL PHYSICIAN PRIOR TO AN INJURY

I you ave pre des, nated your personal p ys,can pr,or to an nury you ay see care ro t s p ys,can IMPORTANT You ay only pre des, nate your personal p ys,can pr,or to t e nury. Your e ployer o ers a non occupational roup ealt plan or nsurance. You ave received care with the p ys,can pr,or to the nurry expression of the property of the

What To Do If You Have Trouble Getting an Appointment

I you ave trouble etin an appoint ent or non e er ency services wit a M N doctor wit in business days or an M N specialist doctor wit in business days o your e ployers receipt o a request you sould see assistance ro your I C claim saduster at 7 7 7 or contact your attorney, you are represented. Your I C claim saduster will wor with e M N to assist you in etin an appoint entin a time ely anner. I you require urtier assistance you ay contact tie M N callicenter at 77 or any networ questions.

CHANGING PROVIDERS & SECOND /THIRD OPINIONS

Changing Your Provider

Your e ployer as selected an ,n,t,al ed,cal prov,der t

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

rov, de a re , ona/ area /st, n o M N prov, ders and-or spec, a/sts or you to select a second op, n, on p ys, c, an based on t e spec, a/ty or reco n, zed expert, se , n treat, n your, n, urry or cond, t on, n quest, on

Contact your treat n p ys c an

rov, de a copy o t e ed, ca/records or send t e necessary ed, ca/records to t e op, n, on p ys, c, an pr, or to t e appo, nt ent

rov de a copy o t e records to you upon request

Not, y t e second op,n,on p ys,c,an ,n wr,t,n t at e or s e as been selected to prov,de a second op,n,on and t e nature o t e d,spute

I you do not a e an appoint ent wit a second opinion p ysician wit in days o receivin telisto available M N providers t en you will not be able to obtain a second opinion re ardin telia nosis or treat entin dispute

I a ter your second op,n,on p ys,c,an rev,ews your ed,cal records e or s e deter ,nest at your,n_ury,s outs,de t e scope o ,s or er pract,ce t e second op,n,on p ys,c,an w,lnot, y you and I C so t at I C can prov,de a new lst o M N prov,ders

I you d,sa ree w,t e,t er t e d,a nos,s or treat ent prescr,bed by t e second op,n,on p ys,c,an you ay see t e op,n,on o a t,rd p ys,c,an w,t,n t e M N following the same procedure as above for requesting a second opinion physician

e second and t rd op,n,on p ys,c,ans ust prov,de ,s- er op,n,on o t e d,sputed d,a nos,s or treat ent ,n wr,t,n and o er alternat,ve d,a nos,s or treat ent reco endat,ons , applicable ese p ys,c,ans ay order d,a nost,c test,n , ed,cally necessary. A copy o t e wr,tten report ust be ,ven to you and your e ployer w,t ,n days o t e date o your appo,nt ent or rece,pt o t e results o t e d,a nost,c tests w ,c ever s later

I you d, sa ree w, t e, t er t e d, a nos, s or treat ent prescr, bed by t e t, rd op, n, on p ys, c, an you ay \sqrt{e} w, t t e Ad \sqrt{n} , strat, ve D, rector a request or an Independent Med, ca/ \sqrt{e} ev, ew

A copy o t e second and-or t ,rd op,n,on report w,# be sent to t e e p#oyees treat, n p ys,c,an pursuant to 7.77

HOW TO OBTAIN AN INDEPENDENT MEDICAL REVIEW

You ust obtain a second and tird opinion be ore you can request an Independent Medical eview IM. I you disa ree wit eiter tie dia nosis or treat ent prescribed by tie tird opinion plysician you lay like wit tie Ad.

TRANSFER OF ONGOING CARE

- I C-CFMC w, in not, y ter , nated providers w ose services are continued beyond the contract ter , nation date pursuant to LC door A that they ust a ree in writing to be subject to the same contractual ter is and conditions that were in posed upon the provider prior to ter , nation definition of the conditions.
 I C clap adjuster does not a ree to comply with the prior contractual ter is and conditions.
- n/ess ot erw,se a reed by t e ter 'nated provider and I C-CFMC t e services rendered pursuant to t is section s all be compensated at rates and et ods on pay ent si i/ar to those used by I C-CFMC or currently contractin providers providin si i/ar services who are practicin in the sale or a si, i/ar eo raphic area as the ter inated provider in ellipsic contraction. In the sale of a si, i/ar eo raphic area as the ter inated provider in ellipsic contraction.

•

• It e treating plysician does not a ree wit. It is deter in nation that the injured

Attachment B

Transfer of Care Policy

I C w, # co p/y w,t t e prov, s, ons set ort , n Ca, lorn, a Code o e u/at, ons , t/e 7 7 re ard, n rans er o ●n o, n Care, nto t e M N

nt, I t e ,nured covered e ployee ,s trans erred ,nto

- I C w,# conduct an assess ent o t e,n_ured e ployees ed,ca/ cond,ton pr,or to any deter ,nat,on t at t e on o,n care does not eet any o t e above cr,ter,a and t ere ore could be e/, ,b/e or a trans er,nto t e M N ,s assess ent ay,nvo/ve t e u,dance o a MC nurse case ana er
- I C w, # send not, cat, on o t e deter , nat, on o t e trans er o care to t e , n u red e p loyees res, dence and to t e , n u red e p loyees pr, ary treat, n p ys, c, an e not, cat, on w, # be prov, ded , n En !, s and pan, s and w, # use layperson s ter s to t e ax u extent poss, b le

It e,nured e ployee d, sputes te ed, call deter , nat, on t at trans er o care, nto te M N, s appropr, ate e or se ust request a report ro te pr, ary treat, n p ys, c, an address, n w et er te on o, n care alls w, t, n any o te cond, tons, dent, ed above e treat, n p ys, c, an ust prov, de te report to te e ployee w, t, n calendar days o te request I te treat, n p ys, c, an a, ls to , ssue te report ten I Cs deter , nat, on re ard, n co plet, on o treat ents all apply

 l_1 l_0 e pr, ary treat l_7 p ys, c, an a rees w, t l_7 I Cs deter , nat e, n l_7 in t at t e , n l_7 r , u con

Attachment C Access Standards

- a AMN ust ave at least t ree p ys,c,ans o eac spec,alty expected to treat co on nurses exper, enced by nured e ployees based on te type o occupation or industry in wind the eacess standards set ort in bland c
- b A M N ust ave a pr, ary treatin p ysician and a ospital or e er ency ealt care services or separate ro suc ospital a provider o all e er ency ealt care services wit in industrial nutes or less o eac covered e ployee's residence or wor place
- c A M N ust ave providers o occupational ealt services and specialists wit in in inutes or index of a covered e ployee's residence or wor place
- d I a M N app/cant be/eves t at ,ven t e acts and c,rcu stances w,t re ard to a portion o ,ts serv,ce area spec, cally rural areas includin t ose in w ,c ealt ac/t,es are located at least , les apart t e access,b/ty standards set ort in subdivision b and-or c are unreasonably restrictive t e M N app/cant ay propose alternative standards o access,b/ty or t at portion o ,ts serv,ce area e M N app/cant s all do so by includin t e proposed alternative standards in writin in ,ts plan approval or in a notice o M N plan od ,cation e alternative standards s all provide t at all services s all be available and access,b/e at reasonable t es to all covered e ployees
- e e M N app/cant sall ave a wr, tten po/cy or arran ,n or approv,n none er ency ed, cal care or A a covered e ployee aut or, zed by tee ployer to te porar, ly wor or travel or wor outs, de teM N eo rap ,c area wente need or ed, cal care ar, ses B a or er e ployee wose e ployer as on o,n wor ers co pensat, on