

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



### Important Information about Medical Care if you have a Work-Related Injury or Illness

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer, [REDACTED], has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by The Hartford. Your employer's workers' compensation carrier is [REDACTED]. This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

#### What is an MPN?

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

MPNs must allow employees to have a choice of provider(s).

#### How do I find out which doctors are in my MPN?

The MPN contact listed in this notification will be able to answer your questions about the MPN and will help you obtain a regional list of all MPN doctors in your area. At minimum, the regional listing must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive.

You can get the list of MPN providers by calling the MPN contact. Or, you may contact The Hartford to locate a participating provider or obtain a regional listing as follows:

#### Provider Directories:

- On-line Directories – if you have internet access, you may obtain a regional directory or locate a participating provider near you by visiting <http://www.talispont.com/htfd/external> and Click on the Mileage Search tab, enter the City and State or Zip Code, then, click on the
  - 1) Drop down arrow under **Network Selection** and select **Anthem Blue Cross**,
  - 2) click on the Continue button, and
  - 3) on the next window select the type of provider and/or specialties, and
  - 4) click on the Find Providers button.
- If you do not have internet access, you may request assistance in locating an MPN provider or obtaining a regional listing by calling the Network Referral Unit at 1.800.327.3636, prompt 4 or contacting the MPN Contact at 866.401.9222 extension 2304195.

You also have the right to a complete listing of all of the MPN providers upon request.

For a list of pharmacies:

- On-line Directories – if you have internet access, you may obtain a regional directory or locate a participating provider near you by visiting <http://www.talispont.com/htfd/external> and Click on the Mileage Search tab, enter the City and State or Zip Code, then, click as follows:

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- 1) Drop down arrow under **Network Selection** and select **Anthem Blue Cross**,
- 2) click on the Continue button, and
- 3) on the next window select the type of provider as Pharmacy,
- 4) click on the Find Providers button.

- If you do not have internet access, you may request assistance in locating an MPN pharmacy or obtaining a regional listing by (1) calling the Network Referral Unit at 1.800.327.3636, prompt 4, or (2) calling Express Scripts at 1.888.289.1407.

For a list of translation vendors or transportation vendors:

If you need translation services or transportation services, please contact your claim handler at 866.401.9222. S/he will coordinate these services for you.

### What happens if I get injured at work?

***In case of an emergency, you should call 911 or go to the closest emergency room.*** If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

### How do I choose a provider?

After the first medical visit, you may continue to be treated by this doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury. If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. If you need help in choosing a doctor you may call the MPN Contact listed above.

### Can I change providers?

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury.

### What standards does the MPN have to meet?

The MPN has providers for the entire state of California.

The MPN must give you a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary physicians within 15 miles and specialists within 30 miles. If you live in a rural area there may be a different standard.

The MPN must provide initial treatment within 3 days. You must receive specialist treatment within 20 days of your request. If you have trouble getting an appointment, contact the MPN.

### What if there are no MPN providers where I am located?

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN for assistance in finding a physician or for additional information.

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### What if I need a specialist not in the MPN?

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

### What if I disagree with my doctor about medical treatment?

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the *diagnosis or treatment* prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN and tell them you want a second opinion. The MPN should give you at least a regional MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third opinion doctor, you may ask for an Independent Medical Review (IMR). Your employer or MPN contact person will give you information on requesting an Independent Medical Review and a form at the time you request a third opinion.

If either the second or third opinion doctor agrees with your need for a treatment or test, you will be allowed to receive that medical service from a provider inside the MPN, including the second or third opinion physician.

If the Independent Medical Reviewer supports your need for a treatment or test you may receive that care from a doctor inside or outside of the MPN.

### What if I am already being treated for a work-related injury before the MPN begins?

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

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

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

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

### ***Can I Continue Being Treated By My Doctor?***

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

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

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

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

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

For a copy of the entire transfer of care policy, ask your MPN Contact.

### **What if I am being treated by a MPN doctor who decides to leave the MPN?**

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

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

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to MPN physicians. These conditions are set forth in the box above, "***Can I Continue Being Treated By My Doctor?***"

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

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

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

For a copy of the entire Continuity of Care policy, ask your MPN Contact.

### What if I have questions or need help?

- **MPN Contact:** You may always contact the MPN Contact or Claim Handler assigned to your case, if you need help or an explanation about your medical treatment for your work-related injury or illness at:

12009 Foundation Place, Rancho Cordova, CA 95670

Toll-free Telephone Number for Claim Handler: 866.401.9222

Toll-free Telephone Number of MPN Contact: 866.401.9222 x2304195

Toll-free Telephone Number of Network Referral Unit for a list of MPN providers and/or MPN

Pharmacies: 1.800.327.3636, prompt 4

E-Mailbox: [CAMPN.Claim@thehartford.com](mailto:CAMPN.Claim@thehartford.com)

If you have questions concerning your medical prescriptions for your work-related injury or illness, please contact your Claim Handler at 866.401.9222.

If you have questions concerning translation or transportation needs for your work-related injury or illness, please contact your Claim Handler at 866.401.9222.

- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call DWC's Information and Assistance at 1.800.736.7401. You can also go to DWC's website at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) and click on "medical provider networks" for more information about MPNs.
- **Independent Medical Review:** If you have questions about the Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:  
DWC Medical Unit  
P.O. Box 71010  
Oakland, CA 94612  
510.286.3700 or 800.794.6900

**Keep this information in case you have a work-related injury or illness.**

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**PREDESIGNATION OF PERSONAL PHYSICIAN - CALIFORNIA**

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- You have group health coverage at the time of your injury;
- The doctor is your regular physician, who shall be either a physician who has limited his/her practice of medicine to general practice or who is a board certified or board eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following information in writing:
  - (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and
  - (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

**NOTE OF PREDESIGNATION OF PERSONAL PHYSICIAN Employee: Complete this section.**

To: \_\_\_\_\_ (name of employer)

If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
(Name of Doctor) (M.D., D.O., or medical group)

\_\_\_\_\_  
(Street address, city, state, zip code)

\_\_\_\_\_  
(Telephone number)

Employee Name (please print): \_\_\_\_\_

Employee Address: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

Signature: \_\_\_\_\_  
(Physician or Designated Employee of the Physician or Medical Group)  
Date: \_\_\_\_\_

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to 8 CCR 9780.1(a)(3). 8 CCR 9783 (Optional DWC Form 9783 March 1, 2007).

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**NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST**

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within first 30 days after your employer knows of your injury or illness.

After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

**Your Chiropractor or Acupuncturist's Information:**

\_\_\_\_\_  
(name of chiropractor or acupuncturist)

\_\_\_\_\_  
(street address, city, state, zip code)

\_\_\_\_\_  
(telephone number)

Employee Name (Please Print):

\_\_\_\_\_

Employee's address:

\_\_\_\_\_

Employee's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DWC FORM 9783.1 (March 14 2006)**  
**Form WC 88 04 05 D** Printed in U.S.A.

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***ACKNOWLEDGEMENT OF RECEIPT OF MPN INFORMATION***

I acknowledge that I have received information regarding my employer's use of a Medical Provider Network for Workers' Compensation claims.

\_\_\_\_\_  
Employee's Name (please print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Today's Date

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**Employer: Please place in Employee's Personnel file**