

Continuity of Care Plan Overview for Employees

Medical Provider Network (MPN) MPN Identification Number

Your employer, in conjunction with your workers' compensation insurance carrier, has chosen to provide medical care by using a Medical Provider Network (MPN) for any work related injuries its employees may sustain. Under Labor Code 4616.2, if an employee has an injury and the treating provider terminates from the MPN, the injured worker may qualify to continue treating with the terminated provider under specific circumstances.

The MPN will through the employer or insurer, provide, upon request of the employee, a written copy of this policy.

The completion of treatment will be provided by a terminated 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 paragraphs (a) through (d) below, unless the provider was terminated or non-renewed for reasons related to disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) of Section 805 of the Business and Professions Code, or fraud or other criminal activity.

a. An acute condition. An "acute condition" is defined as 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 shall have duration of less than 90 days. The employer or its claims administrator will authorize completion of the treatment for the duration of the acute condition.

b. A serious chronic condition. A "serious chronic condition" is defined as 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 duration of at least 90 days or requires ongoing treatment to maintain remission or prevent deterioration.

Completion of treatment must be provided for a period of time necessary to complete a course of treatment and to make arrangements for a safe transfer to another provider within the MPN, as determined by the employer or its claims administrator in consultation with the injured employee and terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.

c. A terminal illness. A "terminal illness" is defined as an incurable or irreversible condition that has a high probability of causing death within one year or less. The employer or its claims administrator will authorize completion of treatment for the duration of a terminal illness.

d. Performance of a surgery, or other procedure that is authorized by the employer or its claims administrator as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date. The claim adjuster will affirm continued treatment for a specified time frame, after the regulation time periods have been met.

Following the employer's or claims administrator's determination of the injured covered employee's medical condition, the employer, its claims administrator, or entity that provides physician network services will notify the covered employee of the determination regarding the completion of treatment and whether or not the covered employee will be required to select a new provider from the MPN. The notification will be sent to the employee's address and a copy sent to the employee's primary treating physician. The notification will be written in English and Spanish using lay person terms.

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

If the employer or its claims adjuster or the injured covered employee objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician regarding the continuity of care shall be resolved pursuant to Labor Code section 4062.

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

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

The employer or its claims administrator may require the terminated 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 provider does not agree to comply or upon agreement does not comply with these contractual terms and conditions, then the employer or its claims administrator is not required to continue the provider's services beyond the contract termination date. The claim adjuster will agree to process authorized bills accordingly at an agreed upon rate or at the State's fee schedule. The claim adjuster will not agree to process bills for unauthorized care.

Continuity of care beyond requirements- MPN applicant's employer or insurer clients may agree to allow the injured covered employee to continue to treat with the terminated provider beyond the requirements and timeframes defined in this policy and Labor Code section 4616.2.