

# Covered Employee Notification of Rights Materials

Regarding

Antelope Valley Community College District



## PRIME Advantage Medical Network – Medical Provider Network (“MPN”)

This pamphlet contains important information about your medical care in case of a work-related injury or illness.

### YOU ARE IMPORTANT TO US

A safe working environment is our number one priority. However, should you become injured or ill, as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as possible. In compliance with California law, we provide workers’ compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the MPN, please contact **Keenan’s MPN Coordinator at 1-800-654-8102**.

### PRIME ADVANTAGE MEDICAL NETWORK - “MPN”

Antelope Valley Community College District provides workers’ compensation coverage for you in the event you sustain a work-related injury. **PRIME Advantage Medical Network** accesses medical treatment through Prudent Buyer HCO, which utilizes Blue Cross of California’s Prudent Buyer PPO (“Blue Cross”) network. Blue Cross of California contracts with doctors, hospitals and other providers to respond to the special requirements of on-the-job injuries or illnesses.

Prudent Buyer is a State of California certified Health Care Organization (“Prudent Buyer HCO”), which means that it has met all MPN access and network requirements.

### ACCESS TO CARE

If you should experience a work-related injury or illness, you should:

#### Notify your employer:

Immediately notify your supervisor or employer representative so you can secure medical care. Employers are required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). To ensure your rights to benefits, report every injury and request a claim form.

#### Initial or Urgent Care:

- If medical treatment is needed, your employer will direct you to an MPN provider upon initial report of injury. Access to medical care should be immediate but in no event longer than 3 business days.

#### For Emergency Care:

- In the case of emergency\* go to the nearest healthcare provider. Once your condition is stable, contact your employer, Antelope Valley Community College District, Blue Cross at (866) 700-2168, or **Keenan’s MPN Coordinator at (800) 654-8102** for assistance in locating a MPN provider for continued care.

*\*Emergency care is defined as a need for those health care services provided to evaluate and treat medical conditions of a recent onset and severity that would lead a lay person, possessing an average knowledge of medicine, to believe that urgent care is required.*

#### Subsequent Care:

- All non-medical emergencies, which require ongoing treatment, in-depth medical testing or a rehabilitation program, must be authorized by your claims examiner and based upon medically evidenced based treatment guidelines (American College Of Environmental Medicine “ACOEM” or California Labor Code §5307.27). ). Access to subsequent care, including specialist services, shall be available within no more than twenty (20) business days.
- If you relocate or move outside of California or outside of the **PRIME Advantage Medical Network** geographic service area and require continued care for your work related injury or illness, you may select a new physician to provide ongoing care or you may contact your claims examiner for assistance with locating a new primary care physician. If your relocation or move is temporary upon your return to California should you require ongoing medical care, immediately contact your claims examiner or your employer so arrangements can be

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made to return you to your prior MPN provider or, if necessary, for assistance in locating a new MPN provider for continued care.

#### **If you are temporarily working outside of California and are injured:**

- If you are working outside of California and experience work related injury or illness, notify your employer. For initial, urgent or emergency care, or follow up care, go to the nearest healthcare provider for medical treatment.
- If you need assistance locating a physician or should the physician you select need authorization to provide care to you, call **Keenan's MPN Coordinator at (800) 654-8102** and we will assist you. Upon your return to California, should you require ongoing medical care, immediately contact your claims examiner or your employer for referral to a MPN provider for continued care.

### **HOW TO CHOOSE A PHYSICIAN WITHIN THE MPN**

The MPN has providers for the entire state of California. The MPN must give you a regional list of providers that includes at least 3 physicians in each specialty commonly used to treat work related injuries or illnesses in your industry. The MPN must provide access to primary physicians within 15 miles and specialists within 30 miles. To locate a participating provider or obtain a regional listing:

#### **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 [www.keenan.com](http://www.keenan.com) and clicking on 'Products and Services' then the 'Workers' Compensation' option and then the 'PRIME Advantage MPN for School Clients' option or [www.bclhwcmcs.com](http://www.bclhwcmcs.com), and clicking on the 'Provider Finder' tab.
- If you do not have internet access, you may request assistance locating an MPN provider or obtaining an appointment by calling **Keenan's MPN Coordinator at (800) 654-8102** or Blue Cross at (866) 700-2168.
- Promptly contact your claims examiner to notify us of any appointment you schedule with an MPN provider.

#### **Choosing a Physician (for all initial and subsequent care):**

- Your employer will direct you to an MPN provider upon initial report of injury. You have the right to be

treated by a physician of your choice within the MPN *after your initial visit.*

- If you wish to change your MPN physician after your initial visit, you may do so by:
  - Accessing the on-line provider directories (see above)
  - Contacting your claims examiner or **Keenan's MPN Coordinator at (800) 654-8102**
  - Contacting Blue Cross at (866) 700-2168 to locate an MPN provider
- If you select a new physician, immediately contact your claims examiner and provide him or her with the name, address and phone number of the physician you have selected. You should also provide the date and time of your initial evaluation.
- If it is medically necessary for your treatment to be referred to a specialist, your MPN physician will make the appropriate referral within the network.
- If a type of specialist is recommended by your MPN physician, but is not available to you within the network, your claims examiner will work with you and your MPN physician to locate a specialist outside of the network, schedule an appointment and notify you of the date and time, or you may select the appropriate specialist and notify us of your selection. Your MPN physician, who is your primary care physician, will continue to direct all of your medical treatment needs.

### **SECOND AND THIRD OPINIONS**

#### **Second Opinion:**

- If you disagree with either the diagnosis or the treatment prescribed by your MPN physician, you may obtain a second opinion within the MPN. During this process you are required to continue your treatment with an MPN physician of your choice. In order to obtain a second opinion you have some responsibilities:
  - Inform your claims examiner of your dispute regarding your treating physician's opinion either orally or in writing.
  - You are to select a physician or specialist from a regional list of available MPN providers, which will be provided to you by your claims examiner upon notification of your request for a second opinion.
  - You are to make an appointment within 60 days.
  - You are to inform your claims examiner of the appointment date and time.

- You may waive your right to a second opinion if you do not make an appointment within 60 days from receipt of the list.
- You have the right to request a copy of the medical records sent to the second opinion physicians.

### Third Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by your MPN physician, you may obtain a third opinion within the MPN. During this process you are required to continue your treatment with an MPN physician of your choice. In order to obtain a third opinion you have some responsibilities:
  - Inform your claims examiner of your dispute regarding your treating physician's opinion either orally or in writing.
  - You are to select a physician or specialist from the list of available MPN providers previously provided or you may request a new regional area list.
  - You are to make an appointment within 60 days.
  - You are to inform your claims examiner of the appointment date and time.
  - You may waive your right to a third opinion if you do not make an appointment within 60 days from receipt of the list.
  - You have the right to request a copy of the medical records sent to the third opinion physician.
- At the time of selection of the physician for a third opinion, your claims examiner will notify you about the Independent Medical Review process and provide you with an application for the Independent Medical Review process (see below).

## INDEPENDENT MEDICAL REVIEW (IMR)

If you disagree with the diagnosis service, diagnosis or treatment provided by the third opinion physician, you may request an Independent Medical Review (IMR). An IMR is performed by a physician identified for you by the Administrative Director (AD) with the Division of Workers' Compensation Medical Unit of the State of California. To request an IMR you will be required to complete and file Medical Review Application with the AD. The AD will select an IMR who has the appropriate specialty necessary to evaluate your dispute. The AD will send you written notification of the name, address and phone number of the IMR.

You may choose to be seen by the IMR in person or you may request that the IMR only review your medical

records. Whichever you choose, you will be required to contact the IMR for an appointment or to arrange for a medical review. Your IMR should see you within 30 days from your request for an appointment. The IMR will send his/her report to the AD for review and a determination will be made regarding the dispute.

You may waive your right to the IMR process if you do not schedule an appointment within 60 calendar days from receiving the name of the IMR from the AD.

## CONTINUITY OF CARE POLICY

Antelope Valley Community College District will, at the request of a covered injured employee, provide for the completion of treatment by a *terminated MPN physician* or provider in accordance with LC§5307.27 and the adopted medical treatment guidelines.

The completion of treatment will be provided by a terminated provider to a covered injured employee who, at the time of the contract's termination, was receiving services from that provider for one of the conditions described 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 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 limited duration. Completion of treatment shall be provided for the duration of less than ninety (90) days.
- (B) **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 (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.
- (C) **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. Completion of

treatment shall be provided for the duration of a terminal illness.

- (D) **Performance of a surgery or other procedure** that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date.

Antelope Valley Community College District may make a determination whether an injured covered employee's treatment should be transferred to a physician or provider within the MPN if the above conditions are not met. Whether or not the injured covered employee is required to select a new physician or provider in the MPN, Antelope Valley Community College District will notify the covered injured employee in writing in both English and Spanish and use lay terms to the maximum extent possible of the determination providing a copy of the determination to the injured covered employee's primary treating physician, and to the employee's residence.

If the terminated provider *agrees to continue treating* the injured covered employee in accordance with (A) through (D) of this policy, and if the injured covered employee *disputes* the medical determination made by Antelope Valley Community College District, the injured covered employee shall request a report from his/her primary treating physician that addresses whether he/she falls within any of the conditions set forth in (A) through (D).

If the treating physician **does not agree** with the determination made by Antelope Valley Community College District that the injured covered employee's medical condition does not meet the conditions set forth in A-D, the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.

If the treating physician *agrees* with the determination made by Antelope Valley Community College District that the injured covered employee's medical condition does not meet the conditions set forth in (A) through (D), the transfer of care shall go forward during the dispute resolution process.

If the treating physician *fails* to provide a report the covered injured employee within 20 calendar days of the request from the covered injured employee, the determination made by Antelope Valley Community College District shall apply.

Disputes regarding the medical determination made by the treating physician concerning the continuity of care

policy shall be resolved pursuant to Labor Code §4062. A copy of this policy is available upon request.

## TRANSFER OF CARE POLICY

For injured covered employees who are being treated outside of the MPN for an occupational injury or illness that occurred prior to the effective date of MPN, Antelope Valley Community College District will provide for the completion of treatment as noted below.

- (A) If the injured covered employee is being treated by a physician or provider prior to the implementation of the MPN and the injured covered employee's physician or provider **becomes** a contracted provider within the MPN, the injured covered employee and their physician shall be notified that his/her treatment is being provided under the provisions of the MPN.
- (B) Injured covered employees who are being treated by a physician or provider outside of the MPN for an occupational injury or illness that occurred prior to the effective date of the MPN, including injured covered employees who pre-designated a physician and do not fall within LC§4600(d), will continue to be treated outside the MPN for the following conditions:
  - I. **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 90 days. Completion of treatment shall be provided for the duration of the acute condition.
  - II. **A serious chronic condition.** 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 ninety (90) days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment will be provided for a period of time, necessary, up to one year from the covered employee's receipt of notification:
    - (A) to complete a course of treatment approved by Antelope Valley Community College District and
    - (B) to arrange for transfer to another provider within the MPN, as determined by Antelope Valley Community College District. The one-

year period for completion of treatment starts from the date of the injured employee's receipt of the notification, as required by subdivision (f), of the determination that an injured covered employee has a serious chronic condition as defined.

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. Completion of treatment shall be provided for the duration of a terminal illness.

IV. **Performance of a surgery or other procedure** that is authorized by Antelope Valley Community College District 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.

Antelope Valley Community College District may make a determination whether an injured covered employee's treatment should be transferred to a physician within the MPN if the above conditions are not met. All transfer of care determinations will be in writing in both English and Spanish and use lay terms to the maximum extent possible, and will be sent to the injured covered employee's residence and a copy of the letter shall be sent to the injured covered employee's primary treating physician.

If the injured covered employee disputes a transfer determination made by Antelope Valley Community College District, he/she must request a report from the their primary treating physician that addresses whether the injured covered employee falls within any of the conditions set forth in (I) through (IV).

- 1) If the treating physician **agrees** with the determination made by Antelope Valley Community College District that the injured covered employee's medical condition does not meet the conditions set forth in (I) through (IV), the transfer of care shall go forward during the dispute resolution process.
- 2) If the treating physician **does not agree** with the determination made by Antelope Valley Community College District that the injured covered employee's medical condition does not meet the conditions set forth in (I) through (IV), the transfer of care shall not go forward until the dispute is resolved.
- 3) If the treating physician fails to provider a report to the covered injured employee within 20 calendar days of the request from the

covered injured employee, the determination made by Antelope Valley Community College District shall apply.

Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside the MPN. Disputes regarding the medical determination made by the treating physician concerning the transfer of care shall be resolved pursuant to Labor Code §4062. A copy of this policy is available upon request.

## KEENAN & ASSOCIATES ADJUSTING LOCATIONS

**Torrance**  
800-654-8102

**Eureka**  
707-268-1616

**Rancho Cordova**  
800-343-0694

**Redwood City**  
650-306-0616

**Riverside**  
800-654-8347

**San Jose**  
800-334-6554

## MEDICAL DIRECTORY USER ID AND PASSWORD INFORMATION

When locating participating providers on-line, through the Internet, a user id and password is required to ensure that you are provided correct information.

User ID: special  
Password: access