



Markel Insurance Company/*FirstComp Medical Provider Network (MPN)

Markel Insurance Company/FirstComp offer their policyholders the efficiencies of Medical Provider Networks (MPN) for the benefit of the injured workers and their employers.

The MPN program was developed by employers and the insurance industry and subsequently received legislative approval aimed at providing injured workers with the best medical treatment and an early and safe return to productive lives.

The MPN program is offered at no additional cost to the employers, but in order to be successful, it requires their cooperation by informing employees of their rights and responsibilities under the MPN program. This information is enclosed in the "Employee Guide to MPN."

To obtain the electronic version of the Employee Guide for easy downloading and printing please visit firstcomp.com

or

Contact our MPN Coordinator at mpncoordinator@firstcomp.com
888-500-3344 EXT 7963



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Markel Insurance Company/FirstComp Medical Provider Network (MPN)

MPN Name: Rising MPN
MPN ID: 1836

FirstComp and Markel Insurance Company have joined together to offer their policyholders the efficiencies of Medical Provider Networks (MPN) for the benefit of injured workers and their employers.

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The MPN program is offered at no extra cost to employers, but in order to be successful, it requires their cooperation by informing their employees of their rights and responsibilities under the MPN program as are contained in the enclosed **Employee Guide to MPN**.

To obtain the electronic version of the Employee Guide for easy downloading and printing please e-mail your request to our MPN Coordinator at:

mpncoordinator@firstcomp.com
Or Call: (888) 500-3344 ext: 7963

Please be sure to FAX the Affidavit of Employer after distributing the Employee Guides to (866) 338-2667

Markel Insurance Company/FirstComp
Medical Provider Network (MPN)

MPN Name: Rising MPN
MPN ID: 1836

Important information about Medical Care for Work-Related
Injuries to your employees

An Employer's Guide

To Medical Provider Networks for Employees'
Job-Related Injuries and Illnesses

Introduction

Markel Insurance Company/FirstComp Medical Provider Network (MPN)

A medical provider network (MPN) is a network of providers, including physicians, created to provide medical treatment for work injuries sustained by employees in California. MPNs are created by payors (self-insured employers or workers' compensation insurers) and must be approved by the California Division of Workers' Compensation (DWC). Unless exempted by law or the employer, all medical care for workers injured on the job whose employer has an approved MPN will be handled and provided through the MPN.

By utilizing the MPN for on the job injuries you will be able to impact the medical direction of care for positive outcomes in your workers' compensation insurance.

Employer's need to do the following:

1. Employee Notification: An employer that offers a Medical Provider Network (MPN) shall notify every covered employee in writing about the use of the MPN by providing the employee with a copy of the booklet entitled "Employee's Guide and MPN Notification" prior to implementation of the MPN.
2. New employees shall be provided with a copy of the booklet entitled "Employee's Guide and MPN Notification" at the time of hire.
3. Employers must acknowledge their participation in the MPN by filing the "Employer's Affidavit" after distributing the booklet entitled "Employee's Guide and MPN Notification" to every covered employee.
4. Employers must obtain a signed affidavit from the employee acknowledging that they have received the booklet "Employee's Guide and MPN Notification". The signed notification must be retained in the employee's personnel file.
5. New employees must be provided with a copy of the booklet "Employee's Guide and MPN Notification" with their new hire packet. The employer must obtain signed notification of receipt of the booklet from the employee and retain the signed affidavit in the employee's personnel file.
6. Post a copy of "Employee's Guide and MPN Notification" along with the poster that came with your policy titled, "Notice To Employees – Injuries Caused by Work".

You may find that your current posted medical facility is already in our MPN program. If not, please search the above website or contact our MPN coordinator for alternative facilities.

Employee Physician Selection

If an employee is injured they should be directed to your posted clinic or hospital which may or may not be in the Network. In any event, if their injury requires treatment beyond the first visit, they need to select a primary treating physician from within the MPN.

Employee Change of Physician

An injured employee may change physicians from within the MPN at any time by notifying his or her Claims examiner or the MPN coordinator at (888) 500-3344 x 7963 to select another medical provider from the MPN list.

Employee Predesignation of Physician

Employees may predesignate their personal physician, PRIOR to an injury, to treat their on the job injuries under the following conditions:

1. The designation must be prior to an injury occurring.
2. The designation must be in writing.
3. Applies only if the Employer makes group health insurance available to their employees. (Requesting employee need not be in the Group policy).
4. The physician agrees in writing prior to an injury to be designated, and must agree to the duties of a Primary Treating Physician (LC § 9785).
5. The physician is a doctor of medicine (MD) or doctor of osteopathy (DO).
6. The physician already has the medical history of the employee.

Second and Third Opinion

Injured workers have the right to request a second or third opinion if they disagree with the diagnosis or treatment prescribed by an MPN provider. During these processes, the employee is required to continue his or her treatment with the treating physician within the MPN. All injured workers will receive information regarding the Second or Third Opinion policy when transferring into your MPN.

Independent Medical Review (IMR)

When an injured worker disputes the diagnosis and treatment of the second and third opinion, the injured worker may file an application with the Administrative Director of DWC and request an independent medical review.

Instructions for Medical Provider Networks Search

In serious emergency situations, call 911 and/or transport the employee to the nearest appropriate medical facility even if the facility is not in your provider Network.

You Can Access a Medical Provider Network (MPN) in or near your geographic location at: <http://markel.risingms.com>. The following sections provide detailed instructions on how to use this website.

Name/Region tab

A provider search can be executed based on information entered into any of the following three sections from the Name/Region tab:

- 1) **Enter a city and state or a zip code (*)** -- Enter in the **City/State** OR the **Zip code**. If you enter in the state, you must also enter in the city. The **Search Radius** specifies the distance that the search results will include from the center of the City/State combination or Zip code specified.
- 2) **Select Specialties (*)** -- Use the **Advanced** checkbox to toggle between normal and advanced mode when searching on specialties. You must select a least one specialty.
 - a) **Advanced Mode** -- Advanced Mode is available by default (note the checkbox is checked). Select from the list of **Specialties** on the left. To be more specific, select a **Sub Specialties** on the right; this list is updated once a Specialty is selected.
 - b) **Normal Mode** - Select the **Male** or **Female** button and then select the area on the body to identify the location of the injury. Choose the exact body part in the section to the right after choosing the area. A list of provider specialties will then display for you to choose from.
 - c) **Note:** When selected, some specialties may display a popup with ancillary provider information to submit referrals. If you'd like to continue the search, select the "Search for additional providers" link at the bottom of the popup. This will close the popup and return you to the search screen.
- 3) **Enter any optional search criteria** -- Search by **Hospital** name or the individual **Doctor Last Name**. Both fields use implied wildcards. For example, if you enter "Cha" in the Doctor Last Name field you will see all doctor's whose last name begins with "Cha" (e.g., Chams, Chamberlin, Chaney, etc).

Select Result Options -- You can choose to **Sort** the search results alphabetically by Provider Name or Distance, closest to farther. You can also choose to **Format** your search results in a List or Map view.

Required fields are indicated above with a (*).

After you have entered in your search parameters, select the "**Search Providers**" button at the bottom. Your results will display on a new page.

Address Radius tab

The Address Radius tab allows you to execute a provider search by inputting a specific address or zip code in addition to all other search options identified above.

Type of Injury tab

The Type of Injury tab allows you to execute a provider search by the worker's type of injury in addition to all other search options identified above.

Select Specialties -- Uncheck the **Advanced** checkbox to view the body images and follow the steps below:

- 1) Select the **Male** or **Female** button.
- 2) Select a specific body part to identify the location of the injury.
- 3) Choose from the list of injury types on the right side.
- 4) The list will then refresh with the applicable specialties that you may choose from.
- 5) Select a specialty.

Provider Search Results

After selecting the "**Search Providers**" button from one of the Search tabs, you are taken to the Search Results page. The List or Map view is displayed based on the Format you selected. Here you will find a listing of all providers that match your search criteria. The following options are available from this page:

- 1) **Edit Search Criteria** -- Edit the previously entered search criteria by selecting the Edit Search Criteria button.
- 2) **New Search** -- Select the New Search button to start from scratch.
- 3) **Create Directory** -- The Create Directory button will open a nicely formatted PDF document containing all the providers on the search results page.
- 4) **Export Directory** -- The Export Directory button allows you to export the entire provider listing into an XLS file.
- 5) **List View / Map View** -- You can swap between the List and Map view using these two buttons. The Map view plots the provider locations on a map while the List view lists the providers based on the Sort order selected.
- 6) **Submit Comment** -- The Submit Comment button should be used to communicate any updates about the provider to Rising. You can choose one of the pre-defined options or add your own **Notes**. Rising will review the note and post it to the site.
- 7) **View Provider Notes** - Once Rising approves the note, a note icon will appear below the provider's name on the Search Results screen. Click on the icon to view the associated notes.

We believe the MPN program will provide better overall workers' compensation outcomes for you as the employer. If you have any questions, notify our MPN Coordinator at:

(888) 500-3344 Ext. 7963

FirstComp

120 South Green Valley Parkway, Suite 300

Henderson, NV 89012

Email: mpncoordinator@firstcomp.com

Enclosures:

1. Employee's Guide and MPN Notification - English and Spanish
2. Employee Acknowledgement and Receipt of Employee's Guide and Notification -English and Spanish
3. Affidavit of Employer Re: MPN Employee notification
4. Employee Physician Pre-designation Form – English
5. Employee Physician Pre-designation Form – Spanish
6. Medial Provider Search Instructions

Definitions

Covered Employee – An employee whose employer or employer’s insurer has established a Medical Provider Network for the provision of medical treatment to injured employees unless:

- a) The injured employee has properly designated a personal physician pursuant to Labor Code section 4600(d) by notice to the employer prior to the date of injury, Or;
- b) The injured employee’s employment with the employer is covered by an agreement providing medical treatment for injured employee and the agreement is validly established under labor Code section 3201.5, 3201.7 and/or 3201.81.

DWC – The Division of Workers’ Compensation

Emergency Health Care Services – Health care services for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient’s health in serious jeopardy.

Medical Provider Network – (“MPN”) Any entity or group of providers approved as a Medical Provider Network by the Administrative Director pursuant to Labor Code sections 4616 to 4616.7.

MPN Contact – The individual(s) designated by the MPN in the “Employee’s Guide and MPN Notification” booklet who is responsible for answering employees’ questions about the Medical Provider Network and is responsible for assisting the employee in arranging for an independent medical review.

Primary Treating Physician – A primary treatment physician within the MPN.

Treating Physician – Any physician within the MPN other than the primary treating physician who examines or provides treatment to the employee, but is not primarily responsible for continuing management of the care of the employee.

Second Opinion – An opinion rendered by a network physician after an examination to address an employee’s dispute over either the diagnosis or the treatment prescribed by the treating physician.

Third Opinion – An opinion rendered by a network physician after an examination to address an employee’s dispute over either the diagnosis or the treatment prescribed by either the treating physician or physician rendering the second opinion.

Workplace – The geographic location where the covered employee is regularly employed.

IMR – Independent Medical Review or independent medical reviewer

MARKEL INSURANCE COMPANY/FIRSTCOMP

Affidavit of Employer

Insured Name: _____

Policy #: _____

Name of Affiant: _____ Phone: _____

Distribution Method

Check One:

- Via US Mail
- Payroll Stuffer
- All Employee Meeting
- Individual Distribution
- Email

By signing and dating this affidavit, you attest to having distributed Markel Insurance Company/FirstComp Medical Provider Network **Employees Guide to MPN** notice to each employee of record and agree to provide the notice to new employees at time of hire. A receipt was obtained from each employee and placed in their respective personnel files.

Name (Please Print): _____
(Affiant)

Title: _____

Signature: _____ Date: _____

PLEASE COMPLETE THIS FORM AND RETURN BY FAX TO (866) 338-2667

Markel Insurance Company/FirstComp
Medical Provider Network (MPN)

MPN Name: Rising MPN
MPN ID: 1836

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

**Employee's Guide
and
MPN Notification**

MPN Employee Notification

INTRODUCTION

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer 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 Rising Medical Solutions and it is referred to as the "RISING MPN". This Information Guide tells you what you need to know about this MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

FREQUENTLY ASKED QUESTIONS & CONTACT INFORMATION

- **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 by going to the following website:

<http://markel.risingms.com>.

You can execute a search or create a listing of providers on the MPN Website via the "Name/Region", "Address Radius", or the "Type of Injury" tabs. Enter a city and state, zip code, or an address, then set the Search Radius to the desired distance and select a Provider Type to find the nearest physician. Under the "Select Specialties" section, you must choose a Provider Type, which will populate the list of available Specialties to further refine your search. If you are looking to see if a particular provider is in the RISING MPN, you may search by specifying the provider's name in the optional search criteria section.

NOTE: If you contact an MPN Provider and find that they are no longer actively practicing nor participating in the Network, please notify us via the **Submit Comment** link on the Provider Results screen and we will update our listing.

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

- **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 / 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 in this document.

- **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.

- **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 / 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, 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 / insurer 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 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 employer.) If your current doctor is not or does not become a member of the MPN, then you may be required to see an MPN physician.

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" on the following page.

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 Condition)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious 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 / 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 an 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 disagree with your doctor's report on your condition, you or your employer can dispute it. See the "*Transfer of Care*" policy for more details on the dispute resolution process. For a copy of the complete "*Transfer of Care*" policy, ask your employer.

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

Your employer has a "*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 continue 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 an MPN physician(s). These conditions are set forth in the box above, "*Can I Continue Being Treated By My Doctor?*"

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 for temporary continuing treatment with your current doctor.

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 an 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 "*Continuity of Care*" policy for more details on the dispute resolution process. For a copy of the complete "*Continuity of Care*" policy, ask your employer.

- **What if I have questions or need help?**

- **Employer / Insurer:** Contact your employer.

- **MPN Contacts:** You may contact any of the following MPN Contacts if you need help or an explanation about your medical treatment for your work-related injury or illness.

Name: MPN Service Unit
Company: Rising Medical Solutions
Address: 325 N LaSalle St, Ste 600
Chicago, IL 60654
Telephone: (877) 279-RISE
Telephone2: (312) 559-8445
Email address: mpn@risingms.com

Name: Marie Ghanem
MPN Coordinator
Company: Markel Service, Incorporated
Address: 120 S. Green Valley Parkway, Suite 300
Henderson, Nevada 89012
Telephone: (888) 500-3344
Telephone2: (702) 294-7963
Fax: (402) 505-4895
Email address: mghanem@firstcomp.com

- **Your Employer's / Insurer's MPN website:** You may search for MPN providers on the following website <http://markel.risingms.com>.
- **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 the DWC's Information and Assistance line at 1-800-736-7401. You can also go to the DWC's website at 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 Guide and the following attachments
in case you have a work-related injury or illness.**

EMPLOYEE PHYSICIAN PREDESIGNATION FORM

TO BE COMPLETED PRIOR TO DATE OF INJURY

To: _____ (name of employer). I acknowledge receipt of my insurer's notice of its approved Medical Provider Network for any work-related injuries I may have in the future.

At this time I wish to use my own predesignated physician and affirm he/she has treated me in the past and has retained my medical records for my past medical care:

Physician Name: _____ M.D. or D.O. (Specify)	
_____ Physician Address (Street; City, State and Zip code)	
Physician Phone No: (_____) _____	
Physician: I agree to this predesignation for: _____ Employee Name	
_____ Employee Address (Street; City, State and Zip code)	
_____ Physician's Signature	_____ Date

I understand that my physician must agree to act as my Primary Treating Physician under Markel Insurance Company/FirstComp MPN for my work-related injury. In the event the above named physician is not appropriate for my work related injury or does not agree to act in this capacity, I will be required to seek care with one of my employer's MPN physicians or facilities.

I agree to the above conditions.

(Employee's Signature) (Date)

(Employee's Full Name)

(Name of Employer)

Note to predesignated physician: By agreeing to treat this patient for work related injuries, you also agree to abide by the Division of Workers' Compensation (DWC) rules pertaining to Primary Treating Physician's reporting duties pursuant to Title 8, California Code of Regs, § 9785, et seq.

Note to Employer: A copy of this acknowledgement must be kept in all employees' personnel files.

Acknowledgement of Receipt of Employer's Notice of Medical Provider Network

I acknowledge receipt of my Employer's announcement of its approved Medical Provider Network and have received a copy of Markel Insurance Company/FirstComp's notice of "Employee Guide to MPN" in the event of a work-related injury.

(Signature)

(Date)

(Employee's full name)

(Employer Name)

Markel Insurance Company/FirstComp
Medical Provider Network (MPN)

MPN Name: Rising MPN
MPN ID: 1836

Red de Proveedores Médicos (MPN, por sus siglas en inglés)

Información médica importante acerca de la Atención
Médica si usted tiene una lesión o enfermedad ocupacional

Manual del empleado
y
Notificación de la Red de Proveedores
Médicos

Notificación de empleado MPN

INTRODUCCIÓN

Las leyes de California exigen que su empleador le proporcione y abone un tratamiento médico si usted se lesiona en el trabajo. Su empleador ha optado por proveer atención médica a través de una red de médicos de la Compensación al Trabajador denominada Red de Profesionales Médicos (*Medical Provider Network* o MPN). Esta MPN cuenta con la administración de Rising Medical Solutions y recibe la denominación de "Rising MPN". Esta Guía informativa le indica lo que necesita conocer acerca de este programa de la MPN y le proporciona una descripción de sus derechos para seleccionar la atención médica de enfermedades o lesiones de origen laboral.

DUDAS FRECUENTES E INFORMACIÓN DE CONTACTO

- **¿Qué es una MPN?**

Una Red de Profesionales Médicos (Medical Provider Network o MPN) es un grupo de profesionales de la atención médica (tanto doctores como otros profesionales sanitarios) que su empleador utiliza para tratar a los trabajadores que se lesionen en el trabajo. Cada MPN debe incluir una combinación de doctores especializados en lesiones de carácter laboral y doctores especializados en campos generales de la medicina.

Las MPN deben ofrecer a los empleados distintas opciones para seleccionar al profesional o profesionales médicos.

- **¿Cómo puedo averiguar qué médicos pertenecen a mi MPN?**

El agente de la MPN que se indica en esta notificación podrá responder a todas las preguntas que tenga acerca de la MPN y le ayudará a conseguir una lista regional de todos los médicos miembros de la MPN que existan en su zona. Cuando menos, este listado regional deberá incluir una lista de todos los profesionales médicos de la MPN que estén situados a un máximo de 15 millas de distancia de su lugar de trabajo o residencia, o bien una lista de todos los profesionales médicos de la MPN que existan en su condado de residencia o trabajo. Usted podrá seleccionar cuál de estas listas desea recibir.

Para obtener la lista de los profesionales médicos miembros de la MPN, comuníquese con el agente de la MPN o visite el siguiente sitio Web en Internet: <http://markel.risingms.com>.

Puede ejecutar una búsqueda o crear una lista de proveedores en el sitio Web de la MPN mediante el "nombre o región", "Dirección de radio" o las fichas de "Tipo de lesiones". Introduzca una ciudad y estado, código postal o una dirección, luego ajuste el radio de búsqueda a la distancia deseada y seleccione un tipo de proveedor para encontrar al médico más cercano. En la sección "Seleccionar especialidades", debe elegir un tipo de proveedor, que llenarán la lista de especialidades disponibles para refinar la búsqueda. Si usted está buscando para ver si un determinado proveedor de la MPN de RISING, puede buscar especificando el nombre del proveedor en la sección de criterios de búsqueda opcional.

NOTA: Si usted póngase en contacto con un proveedor de la MPN y encontrar ellos están practicando ya no activamente ni participantes en la red, por favor notificación a través del enlace de comentario de presentar en la pantalla de resultados de proveedor y actualizaremos nuestra lista

Usted también tiene el derecho a un listado completo de todos los proveedores MPN a la solicitud.

- **¿Qué sucede si me lesiono en el trabajo?**

En caso de emergencia, deberá llamar al 911 o dirigirse a la sala de emergencias más próxima.

Si usted se lesiona en el trabajo, deberá comunicárselo a su empleador lo antes posible, y éste le proporcionará un formulario de reclamación. Cuando usted notifique a su empleador de que ha sufrido una lesión de carácter laboral, el empleador o asegurador le concertará una cita preliminar con un médico miembro de la MPN.

- **¿Cómo selecciono a mi médico?**

Después de la primera consulta médica, usted podrá continuar el tratamiento con el mismo doctor o escoger a otro médico que pertenezca a la MPN. Usted podrá continuar escogiendo médicos que pertenezcan a la MPN para toda la atención médica que requiera su lesión, y si procediera, podrá escoger a un especialista o solicitar que su doctor le envíe a un especialista. Si necesita ayuda para escoger a un doctor, puede dirigirse al agente de la MPN que se indica en este documento.

- **¿Puedo cambiar de médico?**

Sí. Usted puede cambiar de profesional médico, dentro de los que pertenezcan a la MPN, por cualquier razón; pero los profesionales médicos que seleccione deberán ser apropiados para tratar su lesión.

- **¿Cuáles son las normas que tiene que cumplir la MPN?**

La MPN cuenta con profesionales médicos en todo el estado de California.

La MPN deberá proporcionarle una lista regional de profesionales médicos que incluya un mínimo de tres doctores por cada especialidad comúnmente utilizada para tratar las enfermedades o lesiones laborales propias de su campo de trabajo. La MPN deberá proporcionar el acceso a médicos de atención primaria que estén situados a un máximo de 15 millas de distancia, y a especialistas que estén situados a un máximo de 30 millas. Si usted vive en una zona rural, es posible que las normas de aplicación sean diferentes.

La MPN deberá facilitar el tratamiento preliminar dentro de un plazo de 3 días, y usted deberá recibir el tratamiento de un especialista dentro de un plazo de 20 días a partir de la fecha en que lo haya solicitado. Si no puede conseguir una cita, diríjase a la MPN.

- **¿Qué sucede si donde yo me encuentro no existen profesionales médicos que pertenezcan a la MPN?**

Si usted es un trabajador activo que vive en una zona rural o que está trabajando o viviendo temporalmente fuera de la zona de servicio de la MPN, o bien si se trata de un empleado cesado que vive de forma permanente fuera de la zona de servicio de la MPN, entonces la red, o bien su propio doctor, le proporcionará una lista que contenga un mínimo de tres médicos que le puedan atender. También es posible que la MPN le permita escoger a un doctor que no pertenezca a la red MPN. Comuníquese con la MPN para que le ayuden a encontrar a un médico o para que le proporcionen información adicional.

- **¿Qué debo hacer si necesito a un especialista que no está incluido en la MPN?**

Si usted necesita ver a un tipo de especialista que no estuviera disponible dentro de la MPN, usted tendrá entonces el derecho de acudir a un especialista que no pertenezca a la MPN.

- **¿Qué sucede si no estoy de acuerdo con mi médico respecto al tratamiento?**

Si usted no está de acuerdo con su doctor, o bien desea cambiar de médico por alguna razón, podrá seleccionar a otro médico que pertenezca a la MPN.

Si usted no está de acuerdo con el diagnóstico o con el tratamiento que le prescribe su médico, podrá solicitar que otro médico de la MPN le proporcione una segunda opinión. Si desea obtener esta segunda

opinión, deberá dirigirse a la MPN y comunicarles que este es su deseo. La MPN deberá proporcionarle, como mínimo, una lista regional de profesionales médicos miembros de la MPN y usted podrá escoger un doctor de esa lista para la segunda opinión. Para obtener esta segunda opinión, usted deberá escoger a un doctor de esa lista y concertar una cita dentro de un plazo de 60 días. Deberá entonces comunicarle a la MPN la fecha de la cita y la MPN enviará a este médico una copia de su historial. Usted podrá solicitar una copia del historial médico que se le envía al doctor.

Si usted no concierta una cita dentro del plazo de 60 días a partir de la fecha en que reciba la lista regional de profesionales médicos, no se le permitirá obtener una segunda ni tercera opinión con respecto al diagnóstico o tratamiento en disputa que prescribe su médico.

Si el doctor encargado de emitir la segunda opinión juzga que su lesión no está incluida en el tipo de lesiones con las que trabaja normalmente, el consultorio médico notificará a su empleador o asegurador y usted recibirá otra lista de doctores o especialistas miembros de la MPN para que pueda realizar una nueva selección.

Si usted no está de acuerdo con la segunda opinión, podrá solicitar una tercera opinión. Si usted solicita esta tercera opinión, el proceso será igual al que se siguió para obtener la segunda opinión.

Usted deberá recordar que si no concierta una cita dentro del plazo de 60 días después de obtener la nueva lista de profesionales médicos miembros de la MPN, no se le permitirá obtener una tercera opinión con respecto al diagnóstico o tratamiento en disputa que prescribe su médico.

Si usted no está de acuerdo con el doctor que proporciona la tercera opinión, podrá entonces solicitar una Revisión Médica Independiente (*Independent Medical Review* o RMI). Cuando usted solicite una tercera opinión, su empleador o asegurador, o bien el agente de la MPN, le proporcionará información sobre cómo solicitar una Revisión Médica Independiente y un formulario (para obtener más información, vea los Anexos C y D).

Si la segunda o la tercera opinión está de acuerdo con el hecho de que usted necesita algún tratamiento o prueba médica, usted tendrá derecho a que un profesional que pertenezca a la MPN, (incluyendo al propio médico que haya suministrado esa segunda o tercera opinión) le proporcionen dicho servicio médico.

Si el Revisor Médico Independiente está de acuerdo con el hecho de que usted necesita algún tratamiento o prueba médica, usted podrá recibir dicha atención médica por parte de un médico que pertenezca o no a la MPN.

- **¿En qué consiste exactamente una Revisión Médica Independiente (RMI)?**

Si después de recibir una tercera opinión, usted no está de acuerdo con esta última opinión, entonces podrá solicitar que se realice una Revisión Médica Independiente, utilizando el formulario de Solicitud de Revisión Médica Independiente (vea el Anexo D) que le proporcionará su empleador o asegurador, o el agente de la MPN.

Una Revisión Médica Independiente la lleva a cabo un médico que no trabaja de forma directa con su doctor. Usted puede acudir a ese médico y someterse a un examen o puede pedir que el médico revise su historial. De ser posible, la especialidad de este doctor será la misma que la de su médico. No todo tipo de médicos pueden actuar como Revisor Médico Independiente. En el caso de que no hubiese disponible ningún médico de la especialidad necesaria, usted podrá seleccionar otro tipo de doctor.

Usted deberá enviar su formulario de Solicitud de Revisión Médica Independiente a la División de Compensación al Trabajador (*Division of Workers' Compensation* o DWC). Posteriormente, la DWC le

enviará el nombre y la información de contacto del Revisor Médico Independiente. Cuando reciba este nombre, se exige que usted concierte una cita dentro de un plazo de 60 días, y el Revisor Médico Independiente deberá concederle esta cita dentro de un plazo de 30 días. Si usted no concierta esta cita con el Revisor Médico Independiente, no se le permitirá recurrir a un Revisor Médico Independiente para resolver esta disputa.

Para obtener más información acerca de sus derechos y responsabilidades, y del proceso a seguir para obtener una RMI, vea el Anexo C.

- **¿Qué sucede si antes de que comience la MPN yo ya estoy en tratamiento por una lesión de trabajo?**
Su empleador o asegurador posee una política de Transferencia de la Atención Médica ("*Transfer of Care*") que determinará si usted puede continuar recibiendo temporalmente el tratamiento de la lesión de trabajo de un médico ajeno a la MPN antes de que se transfiera esta atención a la red.

Si usted ha realizado adecuadamente la asignación previa de un médico de atención primaria (vea el Anexo B para obtener más información), no podrán transferirle a usted a la MPN (si tiene preguntas acerca de la Asignación Previa, consulte a su empleador o asegurador). Si su médico actual no se afilia a la MPN, es posible que se le exija acudir a un médico que sí pertenezca a la red.

Si su empleador o asegurador decide transferir su atención médica a la MPN, tanto usted como su médico de atención primaria deberán recibir una carta notificándoles de dicha transferencia.

Si usted cumple ciertas condiciones, es posible que pueda continuar el tratamiento con un médico ajeno a la red durante un plazo máximo de un año, antes de que se transfiera su atención médica a la MPN. Estas condiciones para posponer la transferencia de su atención médica a la MPN figuran dentro de la "casilla" que se expone a continuación.

¿Puedo continuar el tratamiento con mi médico actual?

Es posible que se le permita continuar el tratamiento con un médico ajeno a la MPN (a través de una transferencia o continuación de la atención médica) durante un plazo máximo de un año, si su lesión o enfermedad presenta alguna de las siguientes condiciones:

- **Padecimiento agudo:** El tratamiento de su lesión o enfermedad concluirá en un plazo menor de 90 días;
- **Padecimiento crónico grave:** Su lesión o enfermedad es grave y se extiende durante al menos 90 días sin que se produzca una curación plena, o bien empeora y precisa de un tratamiento continuo. Es posible que se le permita continuar el tratamiento con su médico actual durante un plazo máximo de un año, hasta que pueda realizarse la transferencia de forma segura.
- **Estado terminal:** Usted padece una enfermedad incurable o un padecimiento irreversible que probablemente le cause la muerte dentro del plazo de un año o menos.
- **Pendiente de cirugía:** Su empleador o asegurador ya ha autorizado que se le realice una operación quirúrgica y ésta tendrá lugar dentro de un plazo de 180 días a partir de la fecha efectiva de vigencia de la MPN, o bien de la fecha de terminación del contrato existente entre la MPN y su médico.

Usted podrá oponerse a la decisión de su empleador o asegurador de transferir su atención médica a la MPN. Si usted no desea que se realice esta transferencia, pida a su médico de atención primaria que le proporcione un informe médico que exponga si usted presenta alguna de las cuatro condiciones que se listan anteriormente, para así tener derecho a que se posponga la transferencia de su atención médica a la red.

Su médico de atención primaria dispondrá de un plazo de 20 días a partir de la fecha de su solicitud para proporcionarle una copia del informe sobre su dolencia. Si su médico no le proporciona el informe dentro de ese plazo de 20 días a partir de su solicitud, el empleador o asegurador podrá entonces transferir su atención médica a la MPN y usted deberá entonces hacer uso de un médico que sea miembro de la red.

Usted deberá entregar la copia del informe a su empleador o asegurador si desea posponer la transferencia de su atención médica. Si su empleador o asegurador no está de acuerdo con el informe que extienda su médico respecto a su dolencia, tanto usted como su empleador o asegurador podrán disputarlo. Vea la política de Transferencia de la Atención Médica ("*Transfer of Care*") para obtener más información sobre el proceso de resolución de disputas. Para obtener una copia de la política completa de la Transferencia de la Atención Médica, consulte a su empleador o asegurador.

- **¿Qué sucede si mi médico es miembro de la MPN pero decide abandonar la red?**

Su empleador o asegurador posee una política de "Continuación de la Atención Médica" ("*Continuity of Care*") que determina si usted puede continuar temporalmente el tratamiento de una lesión de trabajo con su médico actual si éste ya no pertenece a la MPN.

Si su empleador o asegurador decide que usted no reúne los requisitos necesarios para poder continuar el tratamiento con ese médico ajeno a la MPN, tanto usted como su médico de atención primaria deberán recibir una carta de notificación.

Si usted cumple ciertas condiciones, es posible que se le permita continuar el tratamiento con ese médico durante un plazo máximo de un año antes de cambiar a un médico de la MPN. Estas condiciones se exponen en la casilla anterior titulada "*¿Puedo continuar el tratamiento con mi médico actual?*"

Usted podrá oponerse a la decisión de su empleador o asegurador de denegarle la Continuación de la Atención Médica del doctor que ya no es miembro de la MPN. Si usted desea continuar con el tratamiento que le presta el médico que ha abandonado la red, consulte a su médico de atención primaria para obtener un informe que exponga si usted presenta alguna de las cuatro condiciones que se dan a conocer en la casilla anterior, para comprobar si reúne los requisitos para la continuación temporal del tratamiento con su médico actual.

Su médico de atención primaria dispondrá de un plazo de 20 días a partir de la fecha en que usted solicite la copia del informe médico relativo a su dolencia para proporcionárselo. Si su médico de atención primaria no le proporciona el informe dentro de este plazo de 20 días a partir de su solicitud, el empleador o asegurador podrá entonces transferir su atención médica a la MPN y usted deberá entonces hacer uso de un médico que sea miembro de la red.

Usted deberá entregar la copia del informe a su empleador o asegurador si desea posponer la transferencia de su atención médica a la red. Si su empleador o asegurador no está de acuerdo con el informe que extienda su médico respecto a su dolencia, tanto usted como su empleador o asegurador podrán disputarlo. Vea la política de "Continuación de la Atención Médica" ("*Continuity of Care*") para obtener más información sobre el proceso de resolución de disputas. Para obtener una copia de la política completa de la "Continuación de la Atención Médica", consulte a su empleador o asegurador.

- **¿Qué debo hacer si tengo preguntas o si necesito ayuda?**

- **Empleador o asegurador:** Diríjase a su empleador o asegurador.

- **Agentes de la MPN:** Si necesita ayuda o una explicación sobre el tratamiento médico de su lesión o enfermedad de trabajo, usted podrá dirigirse a cualquiera de los siguientes agentes de la MPN.

Nombre: MPN Service Unit (Unidad de Servicio de la MPN)
Empresa: Rising Medical Solutions
Dirección: 325 N LaSalle St, Ste 600
Chicago, IL 60654
Teléfono: (877) 279-RISE
Teléfono 2: (312) 559-8445
Dirección de E-mail: mpn@risingms.com

Name: Marie Ghanem
MPN Coordinator
Company: Markel Service, Incorporated
Address: 120 S. Green Valley Parkway, Suite 300
Henderson, Nevada 89012
Telephone: (888) 500-3344
Telephone2: (702) 294-7963
Fax: (402) 505-4895
Email address: mghanem@firstcomp.com

- **Sitio Web de su Empleador o asegurador:** Usted puede encontrar a los profesionales médicos que pertenecen a la MPN en el siguiente sitio Web <http://markel.risingms.com>.
- **División de la Compensación al Trabajador (*Division of Workers' Compensation* o *DWC*):** Si después de sufrir una lesión o enfermedad de trabajo usted tiene alguna inquietud, queja o pregunta con respecto a la MPN, al proceso de notificación o al tratamiento médico, puede dirigirse a "Información y Asistencia de la DWC" (*DWC's Information and Assistance*) al número 1-800-736-7401. Usted puede también visitar el sitio Web de la DWC en www.dir.ca.gov/dwc; haga click sobre "medical provider networks" (redes de profesionales médicos) para obtener información sobre las MPN.
- **Revisión Médica Independiente:** Si usted tiene alguna pregunta con respecto al proceso de Revisión Médica Independiente, diríjase a la Unidad Médica de la División de la Compensación al Trabajador (*Division of Workers' Compensation's Medical Unit*) a:

DWC - Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 ó (800) 794-6900

**Guarde esta Guía informativa y los siguientes anexos
para el caso de que sufriera una lesión o enfermedad laboral.**

ESTE FORMULARIO TIENE QUE PRESENTARSE ANTES DE LA FECHA DE LA LESION

Formulario para la previa designación del medico por parte del empleado

A: _____ (nombre de la empleador). Reconozco que he recibido una de la empresa aseguradora sobre su Red de Proveedores de servicios Médicos aprobados para cualquier lesión relacionada con el trabajo que yo sufra en el futuro.

En este momento, deseo utilizar mi(s) propio(s) medico(s) "previamente designado(s)" y declaro bajo protesta de decir la verdad que dicho(s) proveedor(s) me ha(n) tratado en pasado. Dicho(s) medico(s) se nombra(n) a continuación:

Nombre del médico: _____	M.D. o D.O. (especificar)
_____ Medico Dirección (Calle, ciudad, estado y código postal)	
Teléfono del médico: (_____) _____	
Medico: Estoy de acuerdo con esta designación previa para:	
_____ Nombre del empleado	
_____ Dirección del empleado (calle, ciudad, estado y código postal)	
_____ Médico Firma	_____ Fecha

Entiendo que mi médico deben estar de acuerdo en actuar como mi principal médico tratante de Markel Insurance Company/FirstComp MPN para mi lesión relacionada con el trabajo. En el caso de que la mencionada médico no es el adecuado para mi trabajo relacionadas con lesiones o no convienen en actuar en esta capacidad, se requiere buscar la atención con uno de mi empleador del MPN médicos o instalaciones.

Estoy de acuerdo con las condiciones mencionadas anteriormente.

(Firma del empleado)

(Fecha)

(Nombre Completo del empleado)

(Nombre de empleador)

Nota al médico previamente designado: Al aceptar el tratamiento de este paciente por lesiones relacionadas con el trabajo, también se comprometen a respetar la División de Compensación de Trabajadores (DWC) las normas relativas a la Primaria Tratamiento de deberes de información del médico de conformidad con el Título 8 del Código de Reglamentaciones de California, § 9785, et seq.

Nota al Empleador: Se debe conservar una copia de este acuse de recibo en todos los archivos personales de los empleados.

**Acuse de Recibo de la
Notificación de la Red de Proveedores Médicos del Empleador**

Acuso recibo del anuncio de la Red de Proveedores Médicos aprobada del Empleador y haber recibido una copia de la notificación de “Guía del Empleador sobre la MPN” de Markel Insurance Company/FirstComp en caso de una lesión relacionada con el trabajo.

(Firma del Empleado)

(Fecha)

(Nombre Completo del Empleado)

(Nombre de Empleador)