

RETAIN FOR YOUR REFERENCE



To All Employees:

New York Marine and General Insurance Company is committed to your well-being and safety in the workplace. Keeping injuries from happening is our first concern. However, if you do have a work-related injury, it is our goal to help you recover and return to full time employment as soon as medically safe and possible.

New York Marine and General Insurance Company has chosen the Coventry Primary Medical Provider Network (MPN) as our network of choice for treatment of workers' compensation injuries.

The effective date of the MPN is thirty days from the inception of your policy. Therefore, if you sustain an injury on or after that date, your treatment must be within the MPN unless you have properly pre-designated your personal physician prior to your injury. Please also know that New York Marine and General Insurance Company has the option of transferring the treatment of injuries that occurred prior to the MPN's effective date to a network provider. We will do this on a case-by-case basis. In certain situations, California law precludes the transfer of cases that meet regulatory guidelines provided by the Administrative Director.

The MPN's clinics and doctors will provide quality medical treatment and help you manage your return to work.

Under the MPN program, you will be provided:

- a primary care physician;
- other occupational health services and specialists;
- emergency health care services; and
- medical care if you are working or traveling outside of the geographic services area.

This network has been built to provide timely and quality medical care. The MPN is easy to access, and network providers have a variety of specialized skills to help with your recovery.

The MPN Employee Notification provides more detail about the network and information about participation.

MPN Implementation Notice

Dear Employee,

Unless you predesignate a physician or medical group, your new work injuries arising on or after **12/1/2012** will be treated by providers in a new Medical Provider Network, **Coventry Primary Medical Provider Network**. If you have an existing injury, you may be required to change to a provider in the new MPN. Check with your claims adjuster. You may obtain more information about the MPN from the workers' compensation poster or from your employer.



Navigating the Coventry Primary Medical Provider Directory Website

*Use this search tool to locate In-Network Medical Providers in **California Only**, excluding all other states*

- Go to <http://www.talispaint.com/cvty/mpnpri>
- The next page will give you four options to choose from:
- Address Search: This option is a radius search from a centralized address.
- Name Search: Allows the user to look up a certain provider in the database by name or phone.
- Region Search: This option allows the user to search in a specific region such as city, county, zip code, etc.
- Quick Search: A search using a limited number of specialties for providers who provide initial treatment to a maximum radius of 35 miles around an address. Creates output to a custom Worksite Poster or Directory.
- Worksite Posters: This option allows the user to make a Worksite Poster with the closest network providers while following all jurisdictional regulations and guidelines.

ADDRESS SEARCH

Begin by selecting the Network you wish to search. Enter your address. You must enter at least a valid ZIP Code or a City/State combination. At the bottom of the page you may choose: Provider Types, Specialties and/or distance. Once you click on "find providers" your results will be displayed.

NAME SEARCH

Use the Name Search tab if you already know a Provider's name, group affiliation or phone

REGION SEARCH

Use this feature if you are searching for a provider in a specific area.

QUICK SEARCH

Use this tab if you are searching for ONLY one of the following: Family Practice, Internal Medicine, Occupational Medicine, Emergency Medicine and Occupational Medical Clinics within 35 miles of a specific address.

WORKSITE POSTER (WSP)

This page is used to create Worksite Posters or batches of Posters. For your convenience, you can upload your Locations and create your posters!

New Hire Notice --- Injuries Caused By Work

What does workers' compensation cover?

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over). Generally, independent contractors, and volunteers who receive no compensation are not covered by workers' compensation benefits.

Benefits:

Workers' compensation benefits include: Medical care, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits.

Medical Care:

You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries. There is a limit on some medical services. Your employer is required to provide you with a claim form within one business day of learning about your injury. It is extremely important that you complete the "Employee" section of the claim form as your employer is required to authorize medical care within one working day after you file the form. If additional care is necessary after the initial treatment, the claims administrator will authorize any care that is appropriate for your injury, including the referral to specialists.

Your Primary Treating Physician (PTP):

This is the doctor with overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy can be designated as personal physicians. 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 by making a request to the claims administrator. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If you name your personal physician before your injury, you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Special rules apply if your employer offers a Health Care Organization (HCO) or has a medical provider network. You should receive information from your employer if you are covered by an HCO or MPN. Contact your employer for more information.

Treatment by your personal physician:

You may be treated by your personal physician if you notify your employer prior to your injury. A personal physician includes a medical group of licensed doctors of medicine or osteopathy. Please have your physician complete the attached form and return to your employer. The following requirements must be met:

1. Your employer must offer group health coverage
2. Your personal physician must agree in advance to treat you for any work injuries or illnesses
3. Your physician must be your regular physician and surgeon.
4. Your physician has previously directed your medical treatment and retains your records, including your medical history.

What happens if your employer disputes your injury?

State law requires employers to authorize medical care within one working day of receiving a DWC 1 claim form. Your employer may be liable for as much as \$10,000 in medical care until your claim is accepted or denied.

Medical Provider Networks:

Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. You can request a copy of this notice by calling the MPN number below. If you have pre-designated your personal

physician prior to your work injury, then you may receive treatment from your pre-designated doctor. If you have not pre-designated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by the employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information see the MPN contact information below.

Current MPN toll free number: 800-565-5694

MPN Website: <http://www.talispoint.com/cvty/mpnpri>

Current MPN Address:

LWP Claims Solutions, Inc.
P.O. Box 349016
Sacramento, CA 95834-9016

MPN Effective Date: 12/1/2012

What if my employer has a Medical Provider Network?

Please see the attached Medical Provider Network Employee Notification.

What if my employer does not have a Medical Provider Network?

If your employer 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 within 30 days of reporting your injury. You may use the attached Notice of Personal Chiropractor or Personal Acupuncturist form to notify your employer of this change.

Emergency Medical Care:

If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department.

First Aid:

If you need first aid treatment, contact your employer. If you have more than a simple first aid injury, you will need to ask your employer for a claim form.

Temporary Disability (TD) Benefits:

You may be entitled to payments if you lose wages while recovering. Your temporary disability rate is calculated by multiplying your average weekly wage by two thirds. The first 3 days of disability are not payable under California law unless there is hospitalization at the time of injury or the disability exceeds 14 days. If your physician returns you to work on a modified basis, you may be entitled to wage loss. This is generally calculated by multiplying the difference between your average weekly wage and your earnings during modified duties times two thirds. This is subject to the benefit minimums and maximums set by the California Legislature. Temporary disability benefits are payable within 14 days of the date of injury or knowledge of the injury. Subsequent payments are due every 14 days. For injuries occurring on or after 1/1/08, no more than 104 weeks of temporary disability are payable within 5 years from the date of injury. For longer term conditions (hepatitis B & C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, and chronic lung disease) no more than 240 weeks within five years from the date of injury are payable. You may be eligible for state disability benefits from the Employment Development Department (EDD) if TD benefits are stopped, delayed, or denied. There are time limits so contact EDD for more information.

Permanent Disability (PD) Benefits:

You may be entitled to payments if your physician says your injury has limited your ability to work. The permanent disability rate is calculated by multiplying your average weekly wage by two thirds, subject to statutory minimums and maximums. The amount of permanent disability or impairment may depend on your doctor's opinion, as well as your age, occupation type of injury and date of injury. If you have permanent disability or your claims examiner

suspects you have permanent disability, a letter will be sent to you explaining your benefits, including the estimate or total value of permanent

disability, weekly payment amount, how the benefit was calculated, and all of your related rights under the California Labor Code, including your right to object to the report upon which the determination is being based. Permanent Disability benefits are payable within 14 days of the last payment of

temporary disability benefits or after you physician indicates there is permanent disability. The benefit is payable every fourteen days.

Supplemental Job Displacement Benefit:

A nontransferable voucher payable to a state approved school if you are injured on or after 1/1/04, the injury results in a permanent disability, you don't return to work within 60 days after TD ends, and your employer does not offer modified or alternative work. Within 30 days after TD benefits end, your claims examiner will send you a letter outlining whether your employer has a modified job or alternate work available for you and an explanation of your potential rights to a supplemental job displacement benefit. If your employer does not return you to work within 60 days and you have permanent disability, you may chose to receive a nontransferable voucher to use at a state accredited school for education-related retraining or skill replacement. If you qualify for the supplemental job displacement benefit, your claims examiner will provide vouchers up to the maximum established by state law:

1. Up to \$4000 for permanent disability awards of more than 0 but less than 15 percent
2. Up to \$6000 for permanent disability awards between 15 percent and 25 percent
3. Up to \$8000 for permanent disability awards between 26 percent and 49 percent
4. Up to \$10,000 for permanent disability awards between 50 percent and 99 percent.

Death Benefits:

Death benefits are paid to dependents of a worker who dies from a work-related injury or illness. The benefit is calculated and paid in the same manner as temporary disability. This benefit is paid at a minimum rate of \$224 per week. The death benefit rates are set by state law and the amount depends upon the number of dependents. If dependent minor children are involved, death benefits are payable at least until the youngest child reaches majority age. Burial expenses are also provided under this benefit.

Report Your Injury:

Report the injury immediately to your supervisor or to:

Employer representative: _____

Phone number: _____

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment

until the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand

dollars (\$10,000). If your claim is denied, you have the right to appeal the decision within one year of the date of injury.

Discrimination:

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions?

If you have questions, see your employer or the claims examiner who handles workers' compensation claims for your employer.

Claims Administrator:

LWP Claims Solutions, Inc.

P.O. Box 349016
Sacramento, CA 95834-9016
Phone: 916.609.3600

The employer is insured for workers' compensation by:
New York Marine & General Insurance Company

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement - their number can be found in your local White Pages under California State Government, Department of Industrial Relations.

You can get free information from a State Division of Workers' Compensation Information & Assistance Officer.

The nearest Information & Assistance Officer is at:

Address: _____

City: _____ Phone: _____

Hear recorded information and a list of local offices by calling toll-free (800) 736-7401.

Learn more online: www.dir.ca.gov.

False claims and false denials:

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work-related duties.

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

Complete Written Employee Notification- Medical Provider Network

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 **LWP Claims Solutions, Inc.** Your employer's workers' compensation carrier is **New York Marine & General Insurance Company**. 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 a MPN?

A Medical Provider Network (MPN) is 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 our website at:
<http://www.talispoint.com/cvty/mpnpri>.

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 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 throughout 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 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 predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, 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.

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?"

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 if you need help or an explanation about your medical treatment for your work-related injury or illness.

Name: LaVonne Ciani
Title: Claims Supervisor
Telephone Number: 916-609-3613
Email address: L_Ciani@LWPClaims.com
Address: LWP Claims Solutions, Inc.
PO Box 349016
Sacramento, CA 95834-9016

Employer's MPN website: <http://www.talispoint.com/cvty/mpnpri>

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 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.

Employee's Rights & Responsibilities

You have the responsibility to:

- Report promptly any work related injury or sickness to your supervisor.
- Be cooperative and courteous with the Medical Care Coordinator, Primary Care Physician, Specialist Physician, Nurse Case Manager and Claims Examiner.
- Ensure all treatment is received from the Medical Provider Network, except in cases of emergency or other allowable circumstances.
- Keep all appointments.
- Return to work as soon as your doctor says you can.

You have the right to:

- Prompt, quality medical care for your workplace injury.
- Be treated courteously by your Medical Care Coordinator, Primary Care Physician, Specialist Physician, Nurse Case Manager and Claims Examiner.
- Select a physician of your choice from within the MPN at any point in time after the initial medical evaluation with an MPN physician.
- Request a second medical opinion if you dispute the diagnosis or treatment plan.
- Request a third medical opinion if you are not in agreement with the Second Medical opinion.
- Request an Independent Medical Review from the Administrative Director if you are not satisfied with the third medical opinion.
- Have all questions related to your medical care and claim answered in a manner you understand.