

## **WELLCOMP MEDICAL PROVIDER NETWORK CONTINUITY OF CARE POLICY**

With the goal of ensuring appropriate, quality medical care, administered in a timely fashion, in compliance with California Labor Code Section 4616.2 and as well the Title 8 California Code of Regulations (CCR) Section 9767.10; the WellComp Medical Provider Network offers the covered employee Continuity of Care benefits as described below.

### **Continuity of Care Defined:**

(Title 8, CCR, Section 9767.10)

At the request of a covered employee, an employer that offers a medical provider network shall be allowed to complete the treatment by a terminated provider under specific circumstances as set forth in Labor Code Section 4616.2(d) and (e). Those conditions are defined as:

(1) **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 has a limited duration of less than 90 days. Completion of treatment shall be provided for the duration of the acute condition.

(2) **Serious chronic condition.** A serious chronic condition is a medical condition due to a disease, illness, or medical problem or medical disorder that is serious in nature and that persists without full cure or worsens for 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 this treatment under this paragraph shall not exceed 12 months from the contract termination date.

(3) **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.

(4) **Surgery.** 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 from the contract's termination date.

If the injured covered employee's injury or illness does not meet the conditions set forth above, the injured covered employee may be required to select a different treating physician from within the MPN for medical treatment.

Following the employer's or insurer's determination of the injured covered employee's medical condition, the employer or insurer or entity that provides physician network services shall notify the covered employee of the determination regarding completion of treatment and whether or not the employee may be required to select a new provider from within the MPN. The notification shall be sent to the covered employee's address and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and utilize layperson's terms to the maximum extent possible.

If the terminated provider agrees to continue treating the injured covered employee in accordance with Labor Code section 4616.2 and if the injured employee disputes the medical determination regarding the continuity of care, the injured employee can request a report from the injured employee's primary treating physician that addresses whether the employee falls within any of the conditions described in paragraphs 2(a) through 2(d) above. If the treating physician fails to provide the report to the covered employee within 20 calendar days of request by the covered injured employee, the determination made by the employer or insurer shall apply.

Should the injured employee or the employer or insurer dispute the medical determination of continuity of care made by the treating physician, the dispute shall be resolved pursuant to Labor Code section 4062.

If the treating physician agrees with the insurer's or employer's determination that the injured covered employee's medical condition does not meet the conditions set forth above, the employee shall choose a new provider from within the network during the dispute resolution process.

If the treating physician does not agree with the insurer's or employer's determination that the injured covered employee's medical condition does not meet the conditions set forth above, the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.

The insurer or employer shall ensure that the requirements for Continuity of Care are met.

### **Additional Information Regarding Terminated Providers**

If the contract with the treating physician was terminated or not renewed by for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, the injured employee shall not be allowed to complete treatment with that physician, and MPN Contact will work with the injured employee to transfer his or her care to a provider within the MPN.

If the terminated provider does not agree to comply or does not comply with the contractual terms and conditions that were imposed upon the provider prior to the contract termination, then the employer or MPN is not required to continue the provider's services beyond the contract termination date.

The employer is not required to continue the services of a terminated provider, if the provider does not agree to the payment rates and methods of payment similar to those used by the employer for currently contracting providers who provide similar services and are practicing in the same or similar geographic area as the terminated provider.

The insurer, employer, or entity that provides physician network services may require the terminated provider whose services are continued beyond the contract termination date to agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination. If the terminated provider does not agree to comply or does not comply with these contractual terms and conditions, the insurer, employer, or entity that provides physician network services is not required to continue the provider's services beyond the contract termination date.

The services by the terminated provider under this Continuity of Care policy shall be compensated at rates and methods of payment similar to those used by the insurer, employer, or entity that provides physician network services for currently contracting providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider, unless otherwise agreed by the terminated provider and the insurer, employer, or entity that provides physician network services. The insurer, employer, or entity that provides physician network services is not required to continue the services of a terminated provider if the provider does not accept the payment rates provided for in this paragraph.

The insurer, employer, or entity that provides physician network services are not required to provide for completion of treatment by a provider whose contract with the insurer, employer, or entity that provides physician network services has been terminated or not renewed for reasons relating to a medical disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) of Section 805 of the Business and Profession Code, or fraud or other criminal activity.

The insurer, employer, or entity that provides physician network services may provide continuity of care with the terminated provider beyond the requirements of this policy, or the Labor Code section 4616.2, or by Title 8, California Code of Regulations, section 9767.10.