



EMPLOYEE NOTICE: ZENITH MEDICAL PROVIDER NETWORK (ZMPN)

Zenith Insurance has implemented and your employer is participating in the Zenith Medical Provider Network (ZMPN), effective February 1, 2005, for any workers' compensation claims. Below is a summary of your responsibilities if you have a work-related injury or illness.

ZMPN is a statewide provider network composed of agreements with Kaiser Permanente's Kaiser On-the-Job and the First Health Group Corporation, which provides medical and related services for an industrial injury. Zenith Insurance Company ("Zenith") is your employer's workers' compensation insurer, and administers ZMPN.

To review, receive, or access the ZMPN provider directory, please contact your employer, or call **1-800-440-5020** and a customer service representative will assist you.

IF YOU HAVE A WORK-RELATED INJURY OR ILLNESS

In an emergency, go to the nearest emergency medical center and have your employer contact Zenith at **1-800-440-5020** as soon as possible.

Emergency Health Care Services

"Emergency Health Care Services" or "Urgent Care" is defined as 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.

Non-emergency Services

For non-emergency situations, you may use either your predesignated physician or contact your employer to find out which initial treating ZMPN provider is available. For non-emergency situations, your employer will assist you in getting initial treatment from a ZMPN provider. The ZMPN has primary treating providers available within 15 miles, or 30 minutes, or specialty care within 30 miles or 60 minutes from your work or residence.

RECEIVING TREATMENT FROM A ZMPN PROVIDER

Setting Up an Appointment

If you have trouble getting an appointment for non-emergency services with a ZMPN physician within three (3) business days of Zenith's receipt of your request, you should contact Zenith at **1-800-440-5020**. If you are unable to get an appointment with a ZMPN specialist physician within twenty (20) business days of Zenith's receipt of a referral to a specialist, contact Zenith at the above number.

If you would like to see another physician within the ZMPN after your first visit, please contact Zenith at the above number. You may change physicians within the ZMPN at any time as long as the provider is appropriate to treat your injury.

Obtaining Referral for a Specialist

To obtain a referral to a Specialist, if a service is medically indicated, please call **1-800-440-5020**.

If you already have a workers' compensation claim at the time you receive this notice, contact your claims examiner. You may qualify to continue treatment with your current physician under Zenith's Transfer of Care Policy if your condition is acute,

serious or chronic, or if treatment is for remission, to prevent deterioration, a terminal illness or for a scheduled surgery or procedure that will occur within 180 days. It is very possible that your physician is already a member of the ZMPN and you can continue to treat as before.

Obtaining Authorization Prior To Treatment

Your treating physician must obtain prior authorization for services by calling the number above. Zenith will review your physician's treatment plan and render a recommendation. You, your claims examiner and physician will receive a copy of the review recommendation.

Request For A Second Or Third Opinion

If you dispute either the diagnosis or treatment prescribed by your treating physician, you may obtain a second and third opinion from another ZMPN physician.

During this process, you must continue your treatment with your treating physician or another physician of your choice within the ZMPN.

RECEIVING TREATMENT FROM A ZMPN PROVIDER (CONT.)

When Obtaining A Second Opinion, It Is YOUR Responsibility To:

- Inform the Zenith claims examiner that you dispute the treating physician's opinion and you are requesting a second opinion.
- Select a physician or specialist from a list of available ZMPN providers.
- Make an appointment with the second physician within 60 days.
- Inform the Zenith claims examiner of the appointment date.

When Obtaining A Second Opinion, It Is Zenith's Responsibility To:

- Provide a list of ZMPN providers and/or specialists for you to select a second opinion physician based on the specialty or recognized expertise in treating your injury or condition in question.
- Contact your treating physician.
- Provide a copy of the medical records or send the necessary medical records to the second opinion physician prior to the appointment.
- Provide a copy of the records to you upon request.
- Notify the second opinion physician in writing that he/she has been selected to provide a second opinion and the nature of the dispute. A copy of this letter will be sent to you.

If you do not make an appointment with a second opinion physician within 60 days of receiving the list of available ZMPN providers, then you will not be able to obtain a second opinion regarding the diagnosis or treatment in dispute.

If, after your second opinion physician reviews your medical records, he/she determines that your injury is outside the scope of his/her practice, the second opinion physician will notify you and Zenith so that the Zenith claims examiner can provide a new list of ZMPN providers.

If you disagree with either the diagnosis or treatment prescribed by the second opinion physician, you may seek the opinion of a third physician within the ZMPN, following the same procedure for requesting a second opinion.

Independent Medical Review

You must obtain a second and third opinion before you can request an Independent Medical Review. If you disagree with either the diagnosis or treatment prescribed by the third opinion physician, you may file with the Administrative Director a request for an Independent Medical Review.

You may obtain an Independent Medical Review by submitting an application to the Administrative Director. Upon request of a third opinion, you will be provided with the IMR application and instructions form by Zenith. The Administrative Director, or an independent medical review organization, will assign the independent medical reviewer.

Your Zenith claims examiner will provide the independent medical reviewer with all information that was considered in regards to the disputed treatment or diagnostic service, including a copy of the following:

- All correspondence from, and received by, any treating physician who provided you with treatment or diagnostic services.
- All medical records and other information used by the physicians in making a decision regarding the disputed treatment or diagnostic service.

The independent medical reviewer must issue a report to the Administrative Director, in writing, that includes his/her analysis and determination whether the disputed health care service met the State's treatment guidelines. The report must be issued within 20 days of the examination or record review, or within less time upon request of the Administrative Director. However, if the reviewer certifies the disputed health care service is a serious threat to your health, the report must be provided within three days of the examination.

If the independent medical reviewer determines the disputed treatment or diagnostic service meets the State's treatment guidelines, you may seek the disputed treatment or diagnostic service from a physician of your choice from within or outside the ZMPN. Zenith must pay for the cost of any approved medical treatment.

Terminated ZMPN Providers & Continuity Of Care

If your physician terminates from the ZMPN, your claims examiner will advise you on your options for continued treatment as approved under Zenith's Continuity of Care Policy. In some instances, the terminated physician may continue with treatment through Zenith's Continuity of Care Policy.

If you have further questions, please contact your employer or call 1-800-440-5020

Attachment: Continuity of Care Employee Overview



CONTINUITY OF CARE POLICY: ZENITH MEDICAL PROVIDER NETWORK (ZMPN)

Zenith Insurance Company ("Zenith") has established a Medical Provider Network ("ZMPN") for any work related injuries that employees of its policyholders may sustain. Under Labor Code 4616.2, if an employee has an injury and the treating provider terminates from the ZMPN, the injured worker may qualify to continue treating with the terminated provider under specific circumstances.

Zenith will provide to all employees entering the workers' compensation system notice of its written Continuity of Care policy and information regarding the process for an employee to request a review under the policy and will provide, upon request, a copy of the written policy to an employee.

Zenith will file a revision of the Continuity of Care policy with the Administrative Director if it makes a material change to the policy. (Origin Date: 12/23/04 — Zenith Policy and Procedures)

COMPLETION OF TREATMENT BY A TERMINATED PROVIDER

Zenith will, at the request of an injured employee, provide for the completion of treatment by a provider whose contract with the MPN has been terminated. The completion of treatment shall be provided by a terminated provider to an injured employee who, at the time of the contract's termination, was receiving services from that provider for one of the conditions described below.

Zenith will provide for the completion of treatment for the following conditions subject to coverage through the workers' compensation system:

1. **An acute condition** is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration. Completion of treatment shall be provided for the duration of the acute condition.

2. **A serious chronic condition** is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended

period of time or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the insurer or employer in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment under this paragraph shall not exceed 12 months from the contract termination date.

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

CONTRACTUAL TERMS AND CONDITIONS

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

Compensation. Unless otherwise agreed by the terminated provider and Zenith, the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those used by Zenith for currently contracting providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. Zenith 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.

CONTRACTUAL TERMS AND CONDITIONS (CONT.)

Termination. The Continuity of Care policy shall not require Zenith to provide for completion of treatment by a provider whose contract with Zenith has been terminated or non 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 Professions Code*, or fraud or other criminal activity.

Zenith may require the terminated provider whose services are continued beyond the contract termination date pursuant to this section to agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination. If the terminated provider does not agree to comply or does not comply with these contractual terms and conditions, Zenith is not required to continue the provider's services beyond the contract termination date.



PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) if:

- your employer offers group health coverage;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor’s name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work- related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section

To: _____ (name of employer). If I have a work-related injury or illness, I choose to be treated by:

Name of doctor (M.D., D.O.): _____

Street address (city, state, ZIP): _____

Telephone number: _____

Employee Name (please print): _____

Employee’s Address: _____

Employee’s Signature: _____ Date: _____

Physician: I agree to this Predesignation:

Physician Signature (or Designated Employee of the Physician): _____ Date: _____

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician’s agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

DWC FORM 9783 (0306/15M)