MEDICAL PROVIDER HANDBOOK for MPN PROVIDERS

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MPN Information

What is an MPN?

A MPN or Medical Provider Network is a network of providers that has been approved by the California Division of Workers' Compensation ("DWC") to provide medical treatment to injured workers under the law and regulations for MPNs. EK Health MPNs have met specific state requirements and all providers within the MPN have been selected to meet specific health care delivery standards. ***Each physician has acknowledged that they will participate in the specific MPN in accordance with the California Labor Code.***

Why Participate in an MPN?

As a participating provider in the EK Health MPNs, injured workers from many different clients will be directed to you for treatment related to their workers' compensation claim. As a provider, you will oversee all treatment for the injured worker as a Primary Treating Physician ("PTP") or provide specialty treatment. Workers are able to change physicians during the life of the claim and select other physicians within the MPN.

EK Health Provider Network

Welcome

Welcome to EK Health Services' ("EKHS") workers' compensation provider network. EK Health asks you to render high quality, efficient, timely, reasonable and necessary medical care to all injured workers whose employers add you to their MPN.

The goal of EK Health Services is to cooperatively work with employers, providers and injured workers to promote timely and effective return to work for all injured employees.

EK Health Services Special Requirements

EK Health Services provides a directory of credentialed physicians for MPN clients throughout California. Occasionally, clients of EK Health Services may add additional MPN specific guidelines that will supplement those in this handbook. You will be provided written notice if you are impacted by client specific requirements that are different from or are in addition to those provided in this handbook. A written summary of changes or additional requirements will be provided to you, with 30 days' notice of the effective date of any changes and additions.

General Guidelines for Providers ("GGP") in the MPNs

The MPN Provider shall adhere to the General Guidelines for Providers in the MPNs.
All references to "physician" mean a health care provider as defined by Labor Code Section 3209.3 and Section 3209.5.

Physicians, who designate that they are PTP's, agree to assume the role of a Primary Treating Physician, when requested by an MPN-covered injured employee or EKHS client.

Physician's practice shall be in compliance with applicable California Workers' Compensation Law, Labor Code, Insurance Code, and Business and Professions Code and regulations.

Physician must hold an unrestricted license to practice medicine in the State of California, be actively engaged in the practice of medicine, and have no sanctions or restrictions to practice by the state licensing authority.

Physician shall have no felony or misdemeanor convictions involving the qualifications, functions, or duties of a physician.

Physician must maintain professional liability coverage of at least the minimum amount of $1,000,000 per incident and $3,000,000 in the aggregate.

Physician must maintain general liability coverage of at least the minimum amount of $ 1,000,000 per incident and $3,000,000 in the aggregate.

Physician shall have no medical condition, other physical condition, or problem that substantially impairs or prevents the essential functions of a physician, and must disclose to EKHS immediately if one develops.

There shall be timely and cooperative communication from the physician with EKHS, claims examiners, employers, and the injured employees. Communication should be within two business days or pursuant to Labor Code and/or California Code of Regulations.

Physician or representing group administrators shall respond to requests regarding quality assurance issues as identified by EKHS within 14 days or other mutually agreeable period confirmed in writing as agreed to by the parties.

The physician shall not dispense medications from his/her office; except during first visit for first fill not exceeding a 72-hour supply. This provision does not apply to injections related to in- office procedures.

The provider's facility must be clean, neat, and safe. The facility must have adequate parking. There must be appropriate equipment with up-to-date inspection certificates posted. EKHS reserves the right to conduct an onsite evaluation of the provider's facility at any time during normal business hours.

For non-emergency services, the physician shall cooperate with EKHS and its Medical Access Assistants to ensure that an appointment for the first treatment visit under the MPN is available within three (3) business days of a covered employee's notice to an MPN Medical Access Assistant that treatment is needed.

For non-emergency specialist services, the physician shall cooperate with EKHS and its Medical Access Assistants to ensure that an initial appointment with an appropriate specialist is available within twenty (20) business days of a covered employee's reasonable request for an appointment through an MPN Medical Access Assistant.

The physician shall have no history of violation of Labor Code Section 139.3; Referral to person with whom physician has financial interest unlawful, nor shall physician have any history of fraudulent practices.

The physician must show evidence of expertise in the preparation and timely submission of legible treating physician reports. Workers' Compensation reports shall be prepared in accordance with Title 8, California Code of Regulations, Sections 9785, 10606, 14003, 14007, and Labor Code Sections 4055, 4061.5, 4068, 4628, and 6409.

The physician shall submit the Doctor's First Report of injury form to the claims examiner and nurse case manager, if one is used. Per Labor Code 9785, the report from the initial visit must be submitted within 5 days of the initial visit and must include a treatment plan, if not already on the Doctor's First Report, and a detailed medical history.

The physician shall provide a work status report within 24 hours of the doctor's visit to the employer's claims examiner and nurse case manager if one is used, as well as to the injured worker.

Work restrictions should include the providers medical opinion on medically necessary physical and/or mental imitations only, including specifics on time or weight limits for limitations.

The physician agrees that a doctor, not a Physician Assistant or Nurse Practitioner will examine the employee at the first visit for the DFR ("Doctor's First Report") and at any visit where there is a change to the treatment plan or to determine impairments.

-At any time, the employee is not progressing toward goals.
-Whenever there is a significant change in condition or treatment plan requiring diagnostic studies or referral to a specialist consultant.
-At the time of discharge if there is residual disability and a P&S report is needed.

Requests for authorization of medical treatment must be submitted on the DWC Form RFA in accordance with Title 8, California Code of Regulations, section 9792.6.1(u), unless the request is accepted as complete by the claims administrator pursuant to section 9792.9.1(b).

The physician shall provide medical treatment to injured employee consistent with the Medical Treatment Utilization Schedule ("MTUS") as adopted and amended by the Administrative Director of the Division of Workers' Compensation CCR §9792.20 to §9792.27.23. Physicians acknowledge that the Medical Treatment Utilization Schedule is presumptively correct. In the event the physician provides treatment for conditions or injuries not addressed by the MTUS, the treatment must be in accordance with ODG by MCG or other nationally recognized peer-reviewed medical treatment guidelines or evidence-based medicine. In all cases, legible medical reports must include supporting documentation and the rationale for the prescribed treatment.

The physician and their staff shall communicate with Peer Reviewers, the client's Claims examiners, the Medical Access Assistant, Case Managers, employers and injured employees within two business days or as pursuant to Labor Code and/or California Code of Regulations.

The physician shall comply with the Utilization Review Process, pursuant to Labor Code Section 4610 and Title 8, California Code of Regulations, Section 9792.6 to .15, for prospective, retrospective, and concurrent review of medical care for work-related injury and/or illness. The Physician agrees to reference the provided client specifics and submit the completed RFA to the appropriate fax number.

The physician agrees to the use of appropriate billing practices and accepts reimbursement in accordance with the official medical fee schedule and not filing liens for any balance. EKHS expects MPN providers to comply with billing standards promulgated by the DWC.

The primary treating physician shall have knowledge of and use the AMA Guides 5th Edition for

Impairment Rating, or any Guide currently approved and promulgated by the DWC; in accordance with Title 8, California Code of Regulations, Section 9785(g).

Physician Assistants and Nurse Practitioners shall only be used in accordance with Labor Code 3209.10.

Physical Therapy service shall be administered under the direction of a Registered Physical Therapist in accordance with professionally recognized standards, Labor Code Sections 3209.3 and 3209.5, and Business and Professions Code.

The physician shall utilize and refer to other providers, hospitals, ambulatory surgery centers, and other services in the EKHS Medical Provider Network as listed on the relevant MPN portal, subject to the emergent medical needs of the injured employee, in accordance with Title 8, California Code of Regulations, Sections 9767.5 and 9767.6 (e).

The physician shall refer all prescribed Home Health Care to the EKHS' client's claims adjuster to schedule an assessment. Once the assessment has been completed and physician has reviewed the assessment report, the physician's final order for Home Health Care may be prescribed. This prescription for Home Health Care should include the necessary provided services, but not specify hours of care unless attendant care is required for the patient's safety.

The physician shall utilize and refer, as necessary, to all other approved ancillary networks which have been incorporated into the EKHS MPN filed with the DWC. If the approved ancillary provider is not part of the EKHS MPN, the physician will work with the claims adjuster.

The physician shall prescribe generic drugs in lieu of brand name drugs when generic drugs are available, pursuant to Labor Code Section 4600.1, subject to the emergent medical needs of the injured employee.

The physician shall not prescribe compounded medications without prior authorization. This excludes the combining of medication for injections related to in-office procedures, and/or placing active prescription medication in a cream if the active prescription medication is the only item billed.

EKHS reserves the right to modify the GGP upon giving the physician and/or provider thirty (30) days' notice of such modification in writing. If the physician and/or provider fail to agree to the modifications to the GGP, the physician and/or provider will be automatically removed from

EKHS' MPN.
No waiver of a breach, failure of any condition, or any right or remedy contained in or granted by this GGP will be effective unless it is in writing by EKHS waiving the breach, failure, right, or remedy. No waiver of any breach, failure, right, or remedy will be deemed a waiver of any other breach, failure, right, or remedy, whether or not similar, nor will any waiver constitute a continuing waiver unless the writing so specifies.

The physician agrees to provide re-credentialing documentation, when requested, but at a minimum for recredentialing every three (3) years.

Tools for Locating a Participating Provider

EK Health provides the following network tools:

- Electronic directory services via the Internet at the relevant MPN portal site, which is URL specific for each client.

- Telephonic directory services via the toll-free number 855-268-6560.

- The electronic directory is easy to use and allows clients and injured workers to search for a physician or clinic in the EK Health Network. Search functions for a provider include by zip code within a user-defined radius, county, city or provider name. The application also supplies users with the ability to produce maps. Electronic directory requires only basic Internet access and print capabilities.

- The EK Health MPN can be accessed at www.ekhealthselect.ekhealth.com

Provider Education and Compliance

EK Health will provide specific educational activities to help promote provider compliance as needed and may include supplying access to the website for reference purposes, mailings of educational materials, and on-site meetings to provide an overview and instructions regarding compliance with the EK Health network. EK Health also employs Provider Services staff that is specially educated about the California MPN requirements. They will provide resources to network providers via the Provider Services toll-free number, via the EK Health website, and are available to answer concerns. If providers call a client for information, please refer them to the Provider Relations' number at 855-268-6560 or to providerrelations@ekhealth.com.

MPN Standards

Treatment Guidelines

Injured employees shall be treated with medically necessary treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if the higher ranked standard is inapplicable to the employee's medical condition;

(A) The CA MTUS or ODG by MCG, if MTUS is silent or has no recommendations.
(B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.
(C) Nationally recognized professional standards.
(D) Expert opinion.
(E) Generally accepted standards of medical practice.
(F) Treatment that is likely to provide a benefit to a patient for conditions for which treatments are not clinically efficacious.

Utilization Review

Utilization review ("UR") is the process used by claims administrators on behalf of employers to determine if treatment is medically reasonable and necessary to cure or relieve the injured worker from the industrial injury or illness. Employers or the insurance companies handling the workers' compensation claims are required by law to utilize a UR program. Using the approved medical treatment guidelines which incorporate evidence-based medicine, the utilization review process determines whether or not to approve medical treatments for injured workers. The UR process is governed by Labor Code section 4610 and the regulations written by the California Division of Workers' Compensation Code of Regulations, section 9792.6 et seq.

Physicians should document and substantiate requests for treatments based on the above treatment guidelines.

Pursuant to Title 8, California Code of Regulations, section 9792.6.1(u), a Request for Authorization ("RFA") is a written request for a specific course of proposed medical treatment. Unless accepted as complete by the claims administrator pursuant to section 9792.9.1(b), a request for authorization must be submitted on the DWC Form RFA and completed by the treating physician.

A completed request must identify the employee and requesting provider, specifically identify all recommended treatment, and be accompanied by documentation issued or created no earlier than thirty (30) days before submission that substantiates the need for the requested treatment.

Updating Participating Provider Information

In the interest of efficient communications, accurate provider directory listings, and patient referrals between EKHS, Clients, Employers and Patients, participating providers are asked to keep EKHS updated on the following minimum level of information and renewals:

- Tax Identification Number
- NPI Number
- State licensure expiration date with supplied copies
- Any specialty certification expiration date with supplied copies
- DEA Number and expiration date with supplied copies
- Current expiration date of Medical Professional Liability Insurance policy with supplied copies
- Current expiration date of General Liability Insurance policy with supplied copies
- Practice Addresses, Telephone and Fax Numbers
- Billing Addresses, Telephone and Fax Numbers
- E-mail and Website Addresses

EKHS may use information from your California Standard State Application, CAQH Application, EKHS Provider Network Application, or information provided from you to EKHS' Credentialing Department and/or any credentialing Verification Organization contracted with EKHS, to update your information for credentialing, communications, and directory purposes. (This information will not be shared outside EK Health.)

Provider Change Requests or Referrals

Injured workers may change providers at any time within the MPN. There are no restrictions to changing providers as long as the physician selected by the injured worker is appropriate for the injury. The new provider must be chosen from within the established MPN.

Bill Submission

Please submit complete and accurate bills within 30 days of providing services. The EKHS Medical Access Assistant can provide you with each employer's billing address and provide alternative methods of submitting bills. You can reach the MAA at 855-268-6560.

Continuity of Care

EK Health will provide the written policy for Continuity of Care to an injured covered employee when their provider who is a member in the EK Health Select MPN has been terminated. E K Health will also provide, upon request, a copy of the written policy to any employee.

Procedure:

1. An employer or its claims administrator that offers a medical provider network shall, at the request of an injured covered employee, allow the injured covered employee to continue treatment with his or her physician even if the physician has terminated its contract with theMPN, if the injured covered employee meets any of the four conditions listed in paragraph 2.

2. The employer or its claims administrator shall provide for the completion of treatment by a terminated provider to the injured covered employee for one of the following conditions subject to coverage through the workers' compensation system:

   a. Acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has duration of less than 90 days. Completion of treatment shall be provided for the duration of the acute condition.

   b. Serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature andthat persists without full cure or worsens over an extended period of time of at least 90 days or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider within the MPN, as determined by the employer or its claims administrator in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.

   c. Terminal illness. A terminal illness is an incurable illness or irreversible condition that hasa high probability of causing death within one year or less. Completion of treatment shallbe provided for the duration of a terminal illness.

   d. Pending Surgery. Performance of a surgery or other procedure that is authorized by the employer or its claims administrator as part of a documented course of treatment and has

been recommended and documented by the provider to occur within one hundred eighty (180) days of the contract's termination date.

3. Following the employer's or its claims administrator's determination of the injured covered employee's medical condition, the employer, insurer or an entity that provides physician network services shall notify the covered employee of the determination regarding the completion of treatment and whether or not the employee will 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 use layperson's terms to the maximum extent possible.

4. 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 employeefalls 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 twenty (20) calendar days of the request, the determination made by the employer or its claims administrator shall apply.

5. If the employer or its claims administrator or covered employee objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician, concerning the Continuity of Care shall be resolved pursuantto Labor Code section 4062.

6. If the treating physician agrees with the employer's or its claims administrator'sdetermination that the injured covered employee's medical condition does not meet the conditions described in paragraphs 2(a) through 2(d) above, the employee shall choose a newprovider from within the MPN during the dispute resolution process.

7. If the treating physician does not agree with the employer's or its claims administrator's determination that the injured covered employee's medical condition does not meet the conditions described in paragraphs 2(a) through 2(d) above, the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.

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

9. The employer or its claims administrator may require the terminated provider whose servicesare 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 totermination. If the terminated provider does not agree to comply or does not comply with these contractual terms

and conditions, the employer or its claims administrator is not required to continue the provider's services beyond the contract termination date.

10. 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 medical provider network 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 employer or its claims administrator. The employer or its claims administrator is not requiredto continue the services of a terminated provider if the provider does not accept the paymentrates provided for in this paragraph.

11. The employer or its claims administrator shall ensure that the requirements for Continuity ofCare are met.

12. The employer or its claims administrator are not required to provide for completion of treatment by a provider whose contract with the medical provider network 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 Professions Code,or fraud or other criminal activity.

13. The employer or its claims administrator may provide continuity of care with the terminated provider beyond the requirements of this policy, or the Labor Code section 4616.2, or by Title8, California Code of Regulations, section 9767.10.

Transfer of Care

EK Health Medical Access Assistants may work with your office to transfer either prior MPN claims into a new MPN or current claims from one MPN provider to another. We will either provide or work with the claims adjuster to provide all requested medical records and documentation you request to review.

We understand that you may have restrictions that do not allow you to take every case but we hope that our partnership will allow for consideration of TOCs on our clients' behalf.

MPN Provider Complaint or Grievance

An MPN provider should send a written complaint to the EK Health Select MPN contact at mpncontact@ekhealth.com. In your complaint, please provide sufficient detailed information including who, what, when, where, and if the problem is still occurring. We will acknowledge receipt and reply to you after our investigation but within 30 calendar days.

MPN Provider Suspension and Termination

Upon receiving information from a credible public source concerning an MPN Provider's arrest or indictment for any felony or any notice regarding the impairment of the MPN Provider's license, the Medical Director may suspend that Provider from any and all EK Health MPNs. A suspension notice letter shall be sent to the suspended Provider via email and regular US Mail. The suspended Provider shall be suppressed from all MPN Provider lists concurrently with the Suspension letter Notice. Continuity of Care procedures shall be implemented within 24 hours of the Suspension letter Notice.
At the conclusion of all legal proceedings involving a Suspended Provider or six months from the date of the Suspension letter Notice, the MPN Credentials Committee may take further action, up to and including termination of the Provider from the MPN.

Upon receiving a written complaint that a MPN Provider has not conformed to either the Provider Contract provisions, the Physician's Acknowledgment Letter provisions, or any provision in the Medical Provider Handbook for MPN Providers, a Warning Letter shall be sent to the Provider detailing the incident(s) and/or circumstances. The Warning Letter may contain corrective action steps. The MPN Provider shall have fourteen (14) days from the date of the Warning Letter to respond to the allegations contained in the letter.

The Warning Letter and the MPN Provider's response, if any, shall be reviewed at a monthly meeting of the MPN Credentials Committee. Upon review, the MPN Credentials Committee may take further action, up to and including termination of the Provider from the MPN.

After termination by the MPN Credentials Committee, a Termination Letter shall be sent to the subject Provider via email and regular US Mail. The terminated Provider shall be deleted from all MPN Provider lists concurrently with the Termination Letter. Continuity of Care procedures shall be implemented immediately with the Termination Letter.

All credentialing and recredentialing determinations, including decisions regarding initial participation, continued participation, suspension, or termination from an EK Health MPN, are within the discretion of EK Health and/or the MPN Credentials Committee, as applicable. Such determinations are final and are not subject to an internal appeal or reconsideration process.

Questions and Concerns

For questions or concerns not answered in this handbook or the EK Health Workers' Compensation Provider agreement, please contact EK Health Provider Relations at 855-268-6560 or via email at providerrelations@ekhealth.com.