

## CONTINUITY OF CARE POLICY

It is the policy of the Tower Care MPN to, at the request of an injured employee, arrange for the completion of treatment by a provider terminated from the network as required per California Labor Code. Status has developed this Continuity of Care policy for the following conditions:

### **Acute Care:**

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 (less than 90 days). Subject to the requirements below, completion of treatment shall be provided for the duration of the acute condition.

### **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 and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. Subject to the requirements below, 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 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.

### **Terminal Illness:**

A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less.

Subject to the requirements below, completion of treatment shall be provided for the duration of a terminal illness.

### **Pre-Authorized Surgery:**

The MPN, subject to the requirements of this policy will also arrange for performance of a surgery or other procedure that is authorized by the employer, examiner, or nurse case manager 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.

### **Requirements:**

The MPN requires 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 employer is not required to continue the provider's services beyond the contract termination date. Unless otherwise agreed by the terminated provider and the MPN, the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those of other currently contracted providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider.

The insurer or provider 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.

This Continuity of Care policy shall not apply to a provider whose contract 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.

**Dispute Resolution:**

*(1) Following the employer's or insurer's determination of the injured covered employee's medical condition, the Examiner 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 residence 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.*

*(2) If the terminated provider agrees to continue treating the injured covered employee in accordance with Labor Code section 4616.2 and if the injured covered employee disputes the medical determination, the injured covered employee shall request a report from the covered employee's primary treating physician that addresses whether the covered employee falls within any of the conditions above. The treating physician shall provide the report to the covered employee within twenty calendar days of the request. If the treating physician fails to issue the report, then the determination made by the employer or insurer shall apply. (3) If the employer or insurer or injured 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 pursuant to Labor Code section 4062. (4) If the treating physician agrees with the employer's or insurer's determination that the injured covered employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the employee shall choose a new provider from within the MPN during the dispute resolution process. (5) If the treating physician does not agree with the employer's or insurer's determination that the injured covered employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.*