



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

Complete Written Employee Notification regarding Medical Provider Network
(Title 8, California Code of Regulations, Section 9767.12)

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 Harbor Health Systems.

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 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.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by YOUR EMPLOYER to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the PRIME PLUS MPN Powered by Harbor Health Systems MPN with the identification number 2357. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Harbor Health Systems MPN Contact
Title: MPN Contact
Address: P.O. Box 11779, Newport Beach, CA 92658-5041
Telephone Number: (888) 626-1737
Email address: MPNcontact@harborsys.com

General information regarding the MPN can also be found at the following website:
www.harborsys.com/KeenanPlus.

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: (855) 521-7080
Fax Number: (703) 673-0181
Email Address: MPNMAA@harborsys.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.harborsys.com/KeenanPlus. At minimum, the regional list 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 also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website: www.harborsys.com/KeenanPlus.

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that 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. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **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. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire State of California.

The MPN must give you access to 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 treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of 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 Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available 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 contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full 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 and you. 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 MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN, or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **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 your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, 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 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 set forth 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 an 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 Transfer of Care policy, in English or Spanish, 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 continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the, "***Can I Continue Being Treated By My Doctor?***" box above.

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, your employer's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of an MPN doctor treatment. 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 Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **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 the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the 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 MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit
PO 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.

Workers' Compensation Prescription Information

Employer:

Please fill out the employee information below and provide your employee with this document to take to any pharmacy for his/her Workers' Compensation prescriptions.

Employee:

Keenan & Associates has partnered with Cadence Rx to make filling workers' compensation prescriptions easy. Medications may be subject to formulary and pre-authorization requirements.

This document serves as a temporary prescription card. A permanent prescription card specific to your work-related injury or illness will be forwarded directly to you within the next three to five business days.

Please take this letter and your prescription(s) to a pharmacy near you. Cadence Rx has a network of over 72,000 pharmacies nationwide. To locate a network pharmacy near you, please use the pharmacy locator at <http://cadencrx.com/find-a-pharmacy/> or call Cadence Rx toll free at 1-888-813-0023.




IF YOU HAVE QUESTIONS OR NEED ASSISTANCE AT THE PHARMACY, PLEASE CALL 888-813-0023

Pharmacist:

Please obtain below information from the injured employee if not already filled in by the employer to process prescriptions for the workers' compensation injury only.

For questions or rejections, please call 1-888-813-0023. Please do not send patient home or have patient pay for medication(s) before calling Cadence Rx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

Prescription Drug ID Card		Pharmacy Information
 		<p>This form allows you to fill your initial prescriptions with a maximum cost of \$300 per medication and no more than a 14-day supply per prescription. Pharmacy, if you need assistance processing this claim, please call 1-888-813-0023.</p> <p>The pharmacy benefit card is only to be used for medications prescribed for your work-related injury. By using this card, you acknowledge and accept financial responsibility for any prescriptions billed under this card that are later found to be unrelated to your injury.</p> <ul style="list-style-type: none"> Member ID format: The ID must start with FF followed by the last 4 digits of social security number plus 8- digit Date of Injury (MMDDYYYY). Example: FF999901012018
Employee Name:		
Member ID Number*	*Refer to Member ID Format	
Date of Injury:		
Group Number:	KEENAN	
PCN Number:	CRX	
BIN Number:	021460	
<p>Card Created On: ____/____/____ Card Valid for Date of Injury Only</p> 		



Introducing our New Pharmacy Benefit Manager

Starting in late Spring 2022, CadenceRx will be the new Pharmacy Benefit Manager (PBM) for the PRIMERx Pharmacy Program. CadenceRx will replace Express Scripts (d/b/a myMatrixx). AP Keenan will work with both vendors to ensure a smooth transition for our clients and injured employees. You can learn more about the new vendor on the CadenceRx website at <https://cadencerx.com/>.

PBM Transition FAQs

What is a PBM? Pharmacy Benefit Managers serve as the middlemen between drug companies and insurers. They negotiate discounts with drug makers and pass the cost savings on to insurers. Services include:

- Negotiating with pharmacies, insurance companies, and drug manufacturers
- Processing prescriptions
- Operating mail-order pharmacies

Why is the PBM changing?

- The PRIME Program contracts with external organizations to provide essential program services, such as pharmacy benefits. The change to CadenceRx allows AP Keenan to ensure that our clients, and their injured employees, receive necessary prescription medication in a timely and cost-effective manner.

Is the PBM change immediate?

- No. Express Scripts will continue as the PBM through the transition period until late Spring 2022. The exact date is targeted for June 7, 2022. Until then, please continue to use your pharmacy benefits as you have been. For questions or support regarding any **current pharmacy needs**, please call Express Scripts at 1-877-595-3665. You can also visit the Express Scripts pharmacy locator at <https://www.mymatrixx.com/>.



Is there anything I need to do?

- Not at this time. As the transition period progresses, CadenceRx will reach out to you via mail about next steps to ensure you continue to receive your work-related prescription medication(s). For the time being, please continue to call Express Scripts at 1-877-595-3665 for any pharmacy-related questions or support needs.

What is a transition period?

- A transition period is the time between when the new vendor is awarded the contract and when they take over full operations. During this time, prescription fills continue as usual until the new vendor (CadenceRx) is ready to assume all PBM duties. This process is in place to ensure prescriptions are not interrupted and that injured employees experience a smooth change of vendors.

When will CadenceRx take over filling my prescriptions?

- The transition process is expected to finish in late spring 2022. As the transition progresses, Express Scripts will reach out to you directly through the mail with more information. The target effective date is June 7, 2022.

Will this affect my current prescriptions?

- No. Your current prescription(s) will continue as normal. Continue to fill your prescription(s) at your local retail pharmacy or use home delivery through Express Scripts. CadenceRx will send out new PRIMERx Prescription ID cards with next steps to members with an accepted workers' compensation injury prior to the transition.

Will I get a new prescription card?

- Yes. CadenceRx will send a new PRIMERx Program Prescription ID Card to current holders of Express Scripts cards before the transition ends.

Will I need to change my Pharmacy?

- We expect many members will be able to continue filling their work-related prescription(s) at their current pharmacies. CadenceRx has a retail pharmacy network that includes approximately 62,000 pharmacies and 98% of recent prescription fills were made at these pharmacies. If you need to change pharmacies, CadenceRx will notify you directly and provide assistance.



What if I have questions?

- For pharmacy benefits or home delivery questions, please continue to call Express Scripts at 1-877-595-3665 until further notice.
- For questions about the PBM, the transition, or general questions about the Program, please contact PRIME at 1-855-748-2917.
- For questions about your prescription medications, please contact your prescribing provider or our AP Keenan Claims Examiner

Kaiser On-the-Job[®]

Kaiser Permanente Occupational Health Services are available to all employees, not just our members.

Emergency and non-life-threatening care

If you have an emergency medical condition, call **911** or go to the nearest hospital. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a reasonable person would have believed that the absence of immediate medical attention would result in any of the following: (1) placing the person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

A mental health condition is an emergency medical condition when it meets the requirements of the paragraph above or, for members who are not enrolled in Kaiser Permanente Senior Advantage, when the condition manifests itself by acute symptoms of sufficient severity such that either of the following is true: the person is an immediate danger to himself or herself or to others, or the person is immediately unable to provide for, or use, food, shelter, or clothing, due to the mental disorder.

For a non-life-threatening, work-related injury or illness, follow two simple steps:

1. Inform your supervisor of your work-related injury or illness as soon as possible.
2. Call the Kaiser On-the-Job Occupational Health Center nearest you.

To locate the nearest center, call **1-888-KOJ-WORK (1-888-565-9675)**, or refer to the appropriate page in this guide. If you've designated a provider as your occupational health physician, please follow the appropriate guidelines for accessing non-life-threatening care for work-related injuries and illnesses.

▲ DEDICATED OCCUPATIONAL HEALTH CENTER

Santa Clara Medical Center

10050 N. Wolfe Road, Suite SW1-190
Cupertino, CA 95014
408-236-6160

Hours
M-F, 8:30 a.m.–5 p.m.*

■ HOSPITAL SERVICES/AFTER-HOURS CARE

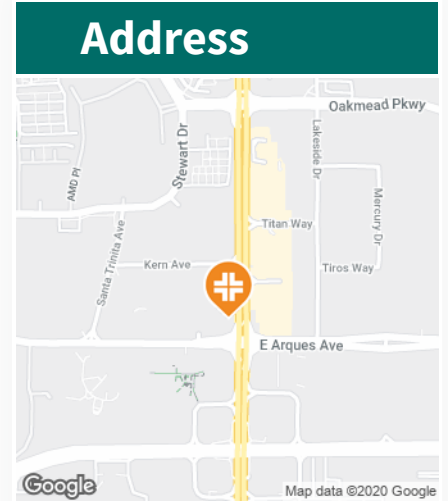
Santa Clara Medical Center

700 Lawrence Expressway, Dept. 100
Santa Clara, CA 95051
408-851-5300

Hours
7 days a week, 24 hours



*Holidays closed: Martin Luther King Jr. Day; Presidents' Day; Memorial Day; Independence Day; Labor Day; Nov. 26-27 (Thanksgiving observed); Dec. 25-26 (Christmas observed); Jan. 1-2, 2015 (New Year's Day observed)



Sunnyvale - Urgent Care

CURRENTLY OPEN

Services
Specialists

About the Clinic

The Sunnyvale center features the company’s signature design and upscale interior elements to create a warm and relaxing atmosphere. The center has numerous patient exam rooms, a spacious physical therapy area, and a patient-focused design to make a more positive health care experience. This center is close to local businesses, with convenient access to major roadways.

Services Provided

- + Workers Comp Injury Treatment
- + Injury Treatment

Sunnyvale

1197 E. Arques Avenue
Sunnyvale, CA 94085-3904

[Get Directions](#)

HOURS

Medical Center

Monday - Friday
8:00 am - 5:00 pm

Physical Therapy

Monday - Friday
8:00 am - 5:00 pm

CONTACT

Center Phone

[408.773.9000](tel:408.773.9000)

Improve the health of America's workforce, one patient at a time.

Reason for Today's Visit

Injury Care Physical exam DOT (CDL) Certification Drug Screen Other: _____

Social Security # or Military DBN: _____ Date of birth (MM/DD/YYYY): _____

Last name: _____ First name: _____ M.I.: _____

Address: _____ Apt. #: _____ City: _____ ST: _____ ZIP: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Male Female Single Married

Email address: _____ Concentra may send a detailed email: Yes No

For security of your records, all emails containing protected health information (PHI) are sent encrypted.

About You

Employer Requesting Services

Company name: _____ Location/store number: _____

Address: _____ Ste. #: _____ City: _____ ST: _____ ZIP: _____

Is your employment arranged through a temporary hire agency? No Yes

Name of agency: _____ Agency phone: _____

About Your Employer

Notice of Privacy Practices

Your name and signature below indicates that you have been made aware of Concentra's Notice of Privacy Practices (NOPP) on the date indicated. You understand that the NOPP is posted in the center and a copy will be provided to you if you request it. If this is your first date of service with Concentra, please indicate this to the front desk receptionist and he/she will provide you a copy of the NOPP. If you have any questions regarding the information in Concentra's Notice of Privacy Practices, contact Concentra's Privacy Office at 800-819-5571 or privacyoffice@concentra.com.

Name: (please print) _____ Date Notice Received: _____

 Signature: _____ Date: _____

Consent (Do not complete if presenting for DOT drug/alcohol testing ONLY)

The information provided is correct to the best of my knowledge. I will not hold Concentra, its health provider, or its employees responsible for any errors or omissions that I may have made in completing the information on this form.

 Signature: _____ Date: _____

I give permission to Concentra to perform the following services that the physicians and other non-physician providers and assistants may deem to be necessary: (a) medical, surgical, and diagnostic (e.g., including but not limited to x-rays, blood draws, and laboratory tests) processes, treatments, and procedures; (b) administration of injections, medications, and immunizations (with immunizations to occur after my receipt of any applicable vaccine information statements ("VIS" or "VISs")); and (c) completion of medically appropriate tests for communicable and other diseases.

 Signature: _____ Date: _____

Last name: _____ First name: _____ M.I.: _____

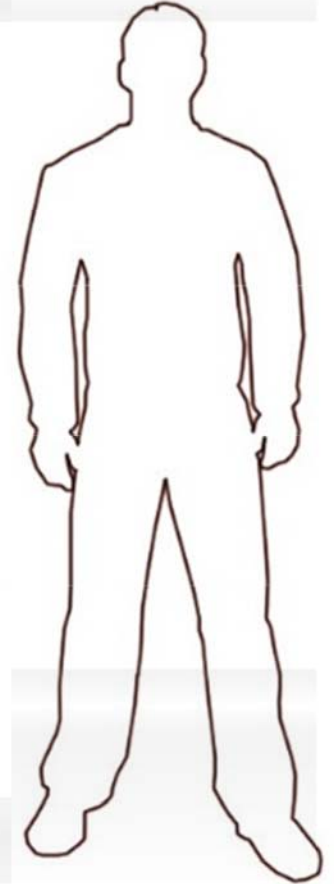
Date of birth (MM/DD/YYYY): _____

Injury date: _____ Injury time: _____

Where did the injury occur? _____

How did the injury happen? _____

What part of your body is injured? _____



Please check which side of your body is injured. Right Left Both

Using the figure at right, please circle the areas where you are injured.

Were you seen elsewhere for this injury? Yes No

If so, where?

Name: _____

Address: _____

City: _____ ST: _____

Phone: _____