

**CALIFORNIA INSURANCE GUARANTEE
ASSOCIATION**

Medical Provider Network

(MPN)

**Employee Handbook
English**

Table of Contents

THE PURPOSE OF THE MEDICAL PROVIDER NETWORK (MPN) Workers' Compensation Injuries and Illnesses Only	Page 3
HOW TO ACCESS THE MPN Description of services <u><i>How to locate an MPN provider on the CIGA MPN website</i></u> <u><i>How to locate a CIGA pharmacy</i></u> Medical care while working or traveling outside the MPN service area Medical care for a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the MPN geographical area Medical care for an injured employee who temporarily resides outside the MPN geographic service area during recovery Report your injury immediately Definition of "Emergency Health Care Services" Selecting a Medical Provider What to do if you have trouble obtaining an appointment What happens when specialist is not in MPN?	Page 4
CHANGING PROVIDERS & SECOND/THIRD OPINIONS Changing your provider How to obtain a referral to a specialist How to use the second and third opinion process How to obtain an independent medical review	Page 8
MEDICAL BILLS	Page 11
DISPUTES What if my employer disputes my injury?	Page 11
CONTINUITY OF CARE	Page 12

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

What happens if your provider is terminated from the MPN?

TRANSFER OF ONGOING CARE Page 12

What happens when you are being treated for an injury or illness?
prior to the coverage of the MPN

Attachment 1 – Continuity of Care Policy Page 13

Attachment 2 – Transfer of Ongoing Care Policy Page 17

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

THE PURPOSE OF THE MEDICAL PROVIDER NETWORK

Injured workers deserve timely, quality medical care. The CIGA Medical Provider Network (MPN) is a network of doctors, hospitals, and ancillary providers that understand how to diagnose and treat work-related injuries. These providers are committed to improving your physical well being and returning you to useful employment.

The MPN is not just for medical treatment. It will also help you to return to work after an injury or illness. The MPN's main purpose is to help employees who are injured or become ill on the job to return to work safely and as soon as possible. You may be assigned a specially trained nurse or vocational specialist to work with you and your doctor to help you recover from your injury or illness and help you return to work.

Your MPN should be used only for injuries and illnesses covered under your employer's workers' compensation plan. If you are injured at work, you must use the doctors, clinics, hospitals, and other medical providers within the MPN.

You may pre-designate your physician prior to injury. You may only pre-designate your physician if 1) if you have received care with the physician, 2) your physician is an M.D. or D.O., and 3) the physician agrees to be your primary treating physician. If your physician does not agree to participate in this capacity, you will be required to seek care with an MPN provider.

Please refer to the next page for specific instructions on how to access the MPN.

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

HOW TO ACCESS THE MPN

Your Claims Adjuster, who is referred to as your MPN contact, should be your first contact if you have questions about the MPN or your workers' compensation coverage.

Description of services

CIGA is responsible for providing medical care including:

- A primary care physician and a hospital for emergency health care services or, if separate from such hospital, a provider of all emergency health care services, within 30 minutes or 15 miles of your residence or workplace;
- A provider of other occupational health services and specialists within 60 minutes or 30 miles of your residence or workplace;
- If you live in a rural area, a facility for other occupational health and specialists qualified to treat your injury within 45 miles or 90 minutes of your residence or workplace.
- Emergency healthcare services;
- Medical care if you are working or traveling outside of the geographic services area or temporarily reside outside of the service area during your recovery;
- Medical care if you no longer work for your employer, live outside the service area and your employer has ongoing workers' compensation obligations.

How do locate an MPN provider on the CIGAMPN website?

Effective June 1, 2011 the CIGA website (URL) is located at www.talispoint.com/cvty/cigampn. You can search for providers closest to an address, search for providers by their name or phone and search for providers in a geographic region such as a city, county, zip code, etc. If you have difficulty performing a search, contact your MPN contact, your claims adjuster, whose e-mail and phone number are listed in the cover letter, which accompanied this handbook.

How do I locate a CIGA designated pharmacy to obtain my medications?

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

Cypress Care is CIGA's Pharmacy Benefit Network. You are expected to fill your prescription at a Cypress Care member pharmacy using the CIGA Pharmacy card supplied to you. You may also choose to receive your medications through the mail. Your claims adjuster can assist you with this process.

On the CIGA MPN search page, select the link for Cypress Care. You may also go to <http://www.cypresscare.com/customerresources/index.html>. Once at this website, select the zip code search, which is on the right side of the screen. Using the zip code search you will be able to select a member pharmacy close to your home.

Medical care while working or traveling outside the MPN service area

CIGA is responsible for providing medical care when a covered employee is working or traveling for work outside the MPN service area.

When an employee has a work-related non-emergency injury or illness outside the MPN service area, the employee should notify the claims administrator and seek treatment at the closest occupational health or primary care clinic.

In the event of an emergency or if urgent care is needed, the employee should seek medical attention from the nearest hospital or urgent care center. If feasible, the employee or a personal representative should report his/her injury/illness within 24 hours of receiving treatment.

Once the injured/ill employee returns to the service area, medical care will be transferred to a provider within the MPN, if a MPN provider is available within the distances described in numbers 2, 3, and 5 above.

Medical Care for a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the MPN geographical service area

An employee who resides permanently outside the MPN geographical service area may select his/her own treating physician outside the network. If they ask for assistance in locating a treating physician, the MPN Contact or claims adjuster will refer to the Coventry Focus PPO.

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

Medical care for an injured employee who temporarily resides outside the MPN geographic service area during recovery

An injured employee who decides to reside temporarily outside the MPN geographic service area during recovery shall be provided with a choice of at least three physicians outside the MPN geographic service area who have either been referred by the employee's primary treating physician within the MPN or have been selected by the MPN applicant, CIGA. In addition to physicians within the MPN, the employee may change physicians among the referred physicians and may obtain a second and third opinion from the referred physicians.

Report your injury immediately

In the event of an emergency (defined below on this page), or if urgent care is needed, please seek medical attention from the nearest hospital or urgent care center. Once you have received care, let your supervisor know as soon as possible.

If your job-related injury or illness is not an emergency, please let your supervisor know before seeing a doctor.

If you are treated away from your home or workplace, upon your return to your geographic location, you must let your Supervisor know. Your Supervisor will provide you with a listing of the MPN doctors if you require additional medical care.

Definition of "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.

The MPN is ONLY for work-related injuries or illnesses. You should not seek medical treatment from the MPN without consulting your MPN contact. Remember; if you need emergency treatment go to the nearest

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

hospital. Never delay seeking medical treatment if you are seriously injured or ill.

Selecting a medical provider

As a patient in the CIGA MPN, you have the right to see a doctor close to your home or workplace. Providers are available within 15 miles or 30 minutes for your treating doctor and within 30 miles or 60 minutes for your specialist. If you live in a rural area, you may need to travel 45 miles and drive 90 minutes. The instructions below will help you to choose a doctor.

For an emergency, or urgent care situation, go directly to the nearest emergency room.

For non-urgent care, do the following:

After reporting your injury to your supervisor, your supervisor, and/or claim adjuster will give you the name of a doctor for an initial medical evaluation, and you may begin treatment, if necessary. You may continue using this designated doctor after the initial evaluation or you may choose another MPN doctor.

You have the right to request from your claim adjuster, a regional list of providers near your home or workplace or the full list of MPN providers in writing or electronically on a CD. The list of providers is also available at the following website: www.talispoint.com/cvty/cigampn

What to do if you have trouble getting an appointment

If you have trouble getting an appointment for non-emergency services with a MPN doctor within 3 business days or an MPN specialist doctor within 20 business days of your employer's receipt of a request, you should seek assistance from your claim adjuster who is your MPN contact. Your claim adjuster will work with the MPN to assist you in getting an appointment in a timely manner.

What if the Primary Treating Physician Refers You to A Specialist Not Included in the MPN?

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

If the MPN primary treating physician refers you to a specialist not included in the MPN, you may select a specialist from outside the MPN.

CHANGING PROVIDERS AND SECOND AND THIRD OPINIONS

Changing your provider

You have the right to change your doctor if you are not happy with the doctor treating your work-related injury or illness. However, medical treatment must be provided inside the MPN.

You have the right to request from your claim adjuster, your MPN contact, a regional list of providers near your home or workplace or the full list of MPN providers. You may receive the full list in writing or on a CD. The list of providers is also available at the following website:

www.talispoint.com/cvty/cigampn

How to obtain a referral to a specialist

If your treating physician cannot provide you the care needed for recovery, he or she will refer you to an MPN specialist that is appropriate to address your particular injury or illness. To obtain information about seeing a specialist, you should contact your claim adjuster, your MPN contact, who can provide you with a listing of MPN specialists as noted above.

How to use the second and third opinion process

If you dispute either the diagnosis or the treatment recommended by the treating physician, you may obtain a second and third opinion from physicians within the MPN. During this process, you should continue your treatment with your treating physician(s) within the MPN or change to an MPN provider of your choice.

If you wish to obtain a second opinion, you must:

1. Inform the MPN contact, verbally or in writing that you dispute the treating physician's opinion, and you are requesting a second opinion.
2. Select a physician or specialist from a list of available MPN providers.

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

3. Make an appointment with the second physician within 60 days.
4. Inform the MPN contact of the appointment date.

If you wish a second opinion your claims adjuster, your MPN contact must do the following:

1. Provide a regional list of MPN 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.
2. Contact your treating physician.
3. Provide a copy of the medical records or send the necessary medical records to the second opinion physician prior to the appointment.
4. Provide a copy of the records to you upon request.
5. Notify the second opinion physician in writing that he/she has been selected to provide a second opinion and the nature of the dispute and provide a copy to you.

If you do not make an appointment with a second opinion physician within 60 days of receiving the list of available MPN providers, 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 your claim adjuster so that you can be provided with a new regional list of MPN 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 MPN.

If you want to get a third opinion, you must:

1. Inform your MPN contact verbally or in writing that you dispute the treating physician's opinion and the opinion of the second opinion physician, and you want a third opinion;
2. Select a physician or specialist from a list of available MPN providers;
3. Make an appointment with the third physician within 60 days; and
4. Inform the MPN contact of the appointment date.

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

For obtaining a third opinion, it is your claims adjuster, MPN contact's responsibility to:

1. Provide a regional list of MPN providers and/or specialists for you to select a third opinion physician based on the specialty or recognized expertise in treating your injury or condition in question;
2. Contact your treating physician;
3. Provide a copy of the medical records or send the necessary medical records to the third opinion physician prior to the appointment;
4. Provide a copy of the records to you upon request;
5. Notify the third opinion physician in writing that he/she has been selected to provide a third opinion and the nature of the dispute, with a copy to you, and
6. Provide you with a written description of the Independent Medical Review process.

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

If, after your third opinion physician reviews your medical records, he/she determines that your injury is outside the scope of his/her practice, the third opinion physician will notify you and your claim adjuster, MPN contact, so he/she can provide a new regional list of MPN providers.

The second and third opinion physicians must provide their opinions of the disputed diagnosis or treatment in writing and offer alternative diagnosis or treatment recommendations, if applicable. These physicians may order diagnostic testing if medically necessary. A copy of the written report must be given to you and your treating physician within 20 days of the date of your appointment or receipt of the results of the diagnostic tests, whichever is later.

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.

How to obtain an Independent Medical Review (IMR)

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

If after the third opinion, you still disagree with your doctor, you may ask for an Independent Medical Review (IMR). Your claim adjuster/MPN contact will give you information on requesting an Independent Medical Review and an application form at the time you request a third opinion. During this process, you must continue your treatment with the treating physician or another physician of your choice within the MPN.

An IMR will be done by a physician who will be selected by the Administrative Director to conduct an independent assessment of your dispute. You may request an in-person exam or a record review.

If you request an in-person exam, you have 60 calendar days from receiving the name of the IMR physician from the Administrative Director to arrange an appointment. If you do not contact the IMR within this time frame, you will not be able to obtain an IMR regarding the diagnosis or treatment in dispute. You must notify the Administrative Director and your MPN contact in writing if you decide to withdraw your request for an IMR.

As long as your second opinion, third opinion or Independent Medical Reviewer agrees with the treating doctor, you will need to continue to receive your medical treatment with doctors in the MPN network.

If the second opinion, third opinion or Independent Medical Reviewer does not agree with your treating doctor, you will be allowed to receive that medical treatment from a provider either inside or outside of the MPN. If you decide to receive treatment outside the MPN, it can only be for the treatment or diagnostic service recommended by the second opinion, third opinion, or Independent Medical Reviewer.

Once this treatment is completed, you will receive all other treatment with a doctor of your choice back in the MPN Network.

MEDICAL BILLS

All medical bills resulting from your work-related injury or illness should be sent directly to your designated workers' compensation claims administrator. The MPN may review the charges to make sure they are correct. Your workers' compensation insurance carrier will pay the provider(s).

Your lost wage compensation and any other benefits you are entitled to under the California State Workers' Compensation Act will be paid by

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

CIGA. You can direct any questions regarding your benefits to your claims adjuster, your MPN contact.

WHAT IF MY EMPLOYER DISPUTES MY INJURY?

You may be entitled to receive treatment even if your employer initially disputed your injury. Until the date the claim is rejected, the employer's liability for the claim is limited to \$10,000. Please note this does not guarantee that you will receive medical care up to this \$10,000 limit. Treatment can continue until CIGA makes a decision to deny your claim. This treatment must be provided by a MPN doctor unless it is an emergency situation.

CONTINUITY OF CARE

Attachment I is CIGA's Continuity of Care policy. This policy provides for the completion of treatment by a doctor who has been terminated from the MPN, for certain medical conditions.

TRANSFER OF ONGOING CARE

If you are being treated for an injury or illness prior to the coverage of the MPN, CIGA will transfer you treatment to an MPN provider. CIGA may authorize the continuation or completion of your treatment with your non-MPN doctor under certain circumstances. Attachment II is CIGA's Transfer of Ongoing Care Policy.

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

Attachment I

MPN Policy and Procedure
Continuity of Care

Page 1 of 2

Continuity of Care Policy

Policy: CIGA will provide to all employees, covered by their MPN, 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 a covered employee or his/her representative.

- Procedure:** 1. Completion of treatment by a terminated provider. CIGA will, at the request of an injured employee, provide the completion of treatment as set forth in this exhibit by a terminated provider.
- a.) The completion of treatment will 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 in 1(b).
 - b.) CIGA will provide for the completion of treatment for the following conditions subject to coverage through the workers' compensation system:
 - (i) An 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 a limited duration. Completion of treatment will be provided for the duration of the acute condition. The timeframe to complete treatment for an "acute condition" is up to 90 days. After the 90th day claims will be reviewed for transfer of treatment to a MPN provider.
 - (ii) A 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. Completion of treatment will 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 CIGA in consultation with the injured employee and the terminated provider and consistent with good professional practice. A serious chronic condition is one that persists over a 90-day period and up to one year. Completion of treatment under this paragraph will not exceed 12 months from the contract termination date. Treatment will be transferred to a MPN provider after that 12 month period.

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

- (iii) A 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 will be provided for the duration of the terminal illness.
 - (iv) Surgery or other procedure. Performance of surgery or other procedure that is authorized by CIGA 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.
2. Contractual terms and conditions. CIGA 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 upon agreement does not comply with these contractual terms and conditions, CIGA is not required to continue the provider's services beyond the contract termination date.
 3. Compensation. Unless otherwise agreed by the terminated provider and the CIGA, the services rendered pursuant to this section will be compensated at rates and methods of payment similar to those used by CIGA for currently contracted providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. CIGA 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.
 4. Termination for medical disciplinary cause or reason. This policy will not require the CIGA to provide for completion of treatment by a provider whose contract with the CIGA MPN 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, fraud, or other criminal activity.
 5. Continuity of Care beyond requirements. Nothing in this exhibit will preclude CIGA from providing Continuity of Care beyond the requirements of this exhibit.
 6. Arrangement for treatment. Completion of treatment will be arranged for and monitored as follows: Transfer of medical treatment to MPN providers will be done on a case-by-case basis. The cases will be transferred based on complexity of care and the ability of providers in the network to absorb the increased patient load. It is the intent of the MPN to transfer as many cases as medically feasible in order to optimize medical care.
 7. The CIGA Continuity of Care Policy has a dispute resolution policy as outlined in CCR 9767.

Following the claims administrator's determination of the injured covered employee's medical condition, the MPN contact shall notify the covered employee of the determination regarding the completion of treatment and

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

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.

- a. If CIGA has determined that the covered employee should select a new treating physician, and
- b. the terminated provider agrees to continue treating the injured covered employee in accordance with L.C. section 4616.2, and
- c. if the injured covered employee disputes CIGA's decision to request transfer to another MPN provider,
 - i. 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 set forth in L.C. section 4616.2(d)(3);
 1. an acute condition;
 2. a serious chronic condition;
 3. a terminal illness;
 4. or a performance of a surgery or other procedure that is authorized by the claims administrator 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.
- d. 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, the determination made by CIGA referred to in 9767.10(d)(1) shall apply
- e. If the claims administrator or injured covered employee objects to the medical determination by the treating physician concerning the continuity of care shall be resolved pursuant to L.C. section 4062.
- f. If the treating physician agrees with the claims administrator determination that the injured covered employee's medical condition does not meet the conditions set forth in L.C. section 4616.2(d)(3), the employee shall choose a new provider from within the MPN during the dispute resolution process.
- g. If the treating physician does not agree with the claims administrator's determination that the injured covered employee's medical condition does not meet the conditions set forth in L.C. section 4616.2(d)(3), the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.

CIGA MPN Employee Handbook
September 2005
Revised February 2008
Revised May 2011

8. Injured Covered Employee Disputes. If the terminated provider agrees to continue treating the employee and if the injured employee disputes the medical determination, the injured employee shall request a report from the treating physician regarding whether the employee's medical conditions falls into any of the four medical exceptions. This report shall be provided to the injured employee within 20 calendar days. If it is not provided within that timeframe, CIGA's determination regarding treatment shall apply. Disputes regarding medical condition shall be resolved in accordance with L. C. 4062.
 - a. If the treating physician agrees with the CIGA's determination that the employee's medical condition does not meet the stated conditions, the transfer of care will go forward during the dispute resolution process.
 - b. If the treating physician disagrees with CIGA's determination that the employee's medical condition does not meet the stated conditions, the transfer of care will not go forward until the dispute is resolved.
7. Replacement of Continuity of Care policy. CIGA will file a revision of the Continuity of Care policy with the Administrative Director if it makes a material change to this policy.

Transfer of Ongoing Care Policy

Policy: CIGA will provide for the completion of treatment for injured covered employees who are being treated outside of the Medical Provider Network (MPN) for an occupational injury or illness that occurred prior to the coverage of the MPN.

Procedure: 1. Completion of treatment inside the MPN.

If an injured covered employee is being treated for an occupational injury or illness by a physician or provider prior to coverage of a MPN, and the employee's physician or provider becomes a provider within the MPN that applies to the injured employee, CIGA will inform the employee that his/her treatment is being provided by his/her physician or provider under the provisions of the MPN.

2. Completion of treatment outside of MPN. Injured covered employees who are being treated outside of the MPN for an occupational injury or illness that occurred prior to the coverage of the MPN, including injured covered employees who pre-designated a physician and do not fall within the Labor Code section 4600(d) will continue to be treated outside the MPN for the following conditions:

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 that has a duration of not more than 90 days. Completion of treatment will be provided for the duration of the acute condition. The timeframe to complete treatment for an "acute condition" is up to 90 days. After the 90th day, claims will be reviewed for transfer of the treatment to a MPN provider.

2. Serious chronic condition.

A serious chronic condition is a medical condition due to a disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment will be provided for a period of time, up to one year, necessary to complete a course of treatment approved by the CIGA and to arrange for transfer to another provider within the MPN, as determined by CIGA. The one-year period for completion of treatment starts from the date of determination that the employee has a serious chronic condition. Claims will be reviewed for transfer of treatment to a MPN provider after that 12-month period.

2. 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 will be provided for the duration of a terminal illness.
3. Surgery or other procedure. Performance of a surgery or other procedure that is authorized by the CIGA as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days from the MPN coverage effective date.
 - a. Transfer into MPN. If the injured covered employee's injury or illness does not meet the conditions set forth in (2)(a) through (2)(d) above, the CIGA may transfer the injured covered employee into the MPN for medical treatment.
 - b. Notification to the covered employee. Once CIGA makes a determination regarding the injured covered employee's medical condition, the CIGA will notify the covered employee at the employee's residence and a copy of the letter will be sent to the covered employee's primary treating physician. The notice will be written in English and Spanish and will use layperson's terms to the maximum extent possible.
 - c. Injured covered employee disputes. If the injured covered employee disputes the medical determination, he/she must request a report from the covered employee's primary treating physician that addresses whether the covered employee falls within any of the conditions set forth in (2)(a) through (2)(d) above. Disputes concerning the medical determination made by the treating physician concerning the transfer of care will be resolved pursuant to Labor Code section 4062.
 - c. If the treating physician agrees with the CIGAs determination that the employee's medical condition does not meet the stated conditions, the transfer of care will go forward during the dispute resolution process.
 - d. If the treating physician disagrees with CIGA's determination that the employee's medical condition does not meet the stated conditions, the transfer of care will not go forward until the dispute is resolved.
6. Referrals. Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside the MPN.
7. Treatment outside MPN. CIGA may agree to provide medical care with providers outside of the MPN.