

Continuity of Care Notice

Name: _____

Address: _____

City, State, Zip: _____

RE: Claim No.: _____

Date of Injury : _____

Injured Worker: _____

Dear _____

The County of Kern has obtained approval from the California Department of Industrial Relations, Division of Workers' Compensation to activate a "Medical Provider Network" in accordance with SB-899 which was passed into law on April 19, 2004.

We are currently handling a workers' compensation claim for you as indicated in the caption of this letter, which we believe qualifies to be brought under the Medical Provider Network for continuing medical treatment and care.

Attached to this letter you will find a list of doctors from our network, who qualify to treat your medical condition. **We ask that you identify the doctor of your choice from this list and advise me so that future medical care can be transferred to them.** This transfer should take place within the next 90 days.

There are four conditional exceptions to this 90-day deadline for transfer of treatment as follows:

- **(Acute)** An acute condition is a medical condition that involves a sudden onset of symptoms due to illness, injury, or other medical problem that requires prompt medical attention and that has duration of not more than 30 days. Completion of treatment shall be provided for the duration of the acute condition before transfer of care is undertaken.
- **(Serious or Chronic)** A serious or chronic condition is a medical condition due to 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 shall be authorized for a period of time necessary, up to one year: (A) to complete a course of treatment approved by the County; and (B) to arrange for transfer to another provider within the MPN, as determined by the County. The one-year period for completion of treatment starts from the date of determination that the employee has a serious chronic condition.
- **(A terminal illness)** A terminal illness is an incurable or irreversible condition that has high probability of causing death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.
- **(Pending Surgery or Procedure)** Surgery or another procedure that is authorized by the adjustor 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.

If you dispute this medical determination, you may request a report from your primary treating physician that addresses whether your condition falls within any of the four (4) conditions set forth above.

If you or the County object to the medical determination by your treating physician, the dispute regarding medical determination made by your treating physician concerning the transfer of care shall be resolved pursuant to Labor Code § 4062.

If your treating physician agrees with the County's determination that your medical condition does not meet the conditions set forth above the transfer of care shall go forward during the dispute process.

If the treating physician does not agree with the County's determination that the injured covered employee's medical condition does not meet the conditions set forth above, the transfer shall not go forward while the dispute is resolved.

We look forward to working with you in an effort to furnish an extremely high quality of medical care designed to resolve your injury to the fullest extent possible.

Very Truly Yours,

Adjustor in charge of case