

CORVEL

Dear Employer,

Your company has elected to participate in the CorVel Medical Provider Network (MPN) Program, which is the MPN utilized by Hanover Insurance Company for workers' compensation. This letter is designed to outline the roll-out requirements needed to effectively implement the program to your employees.

If you did not previously participate in another MPN, please distribute form 1MPN – MPN Implementation Notice, to all employees along with the Employee MPN Information packet. Be sure to insert the date of distribution on the Implementation notice.

If you previously participated in another MPN, please distribute form 2MPN – Combined Cessation and Implementation Notice, to all employees along with the Employee MPN Information packet. Please be sure to fill in the blank spaces in this form. Make sure to insert the name of the previous MPN and the date you are distributing the notices.

An Employee MPN Information packet of written materials is required to be provided to each current employee, at all locations of your business. The distribution method is not mandated thus documents can be distributed to each employee by mail, included with paychecks, delivered in person, or via e-mail.

When distributing the Employee MPN Information packet to your employees, we strongly suggest that you maintain a spreadsheet or other form of record to track that each employee received the materials and on which date.

All written implementation materials are provided in both English and Spanish. The Employee MPN Information packet includes the following documents:

- An employee notification sheet
- Employee Request for a Second/Third Medical Opinion
- Transfer of Ongoing Care into MPN and Continuity of Care Policies
- Employee Acknowledgement of the Medical Provider Network
- Employee Information on the Independent Medical Review Process
- Employee Pre-designation Form

Also included is the new DWC7 Form. This is required to be posted in a conspicuous area of the work place along with the Employee MPN Information packet. Be sure to insert the date of posting on the DWC7 Form in the "Effective Date" area.

The Employee MPN Information packet should be added to your new hire paperwork for any employees hired in the future.

As always, please do not hesitate to contact me at (714) 385-8500 if you have questions or require additional information.

Sincerely,

Jacob Seehoffer

Jacob Seehoffer
MPN/HCO-Coordination

Form 1MPN

MPN Implementation Notice

Dear Employee,

In order to provide you with the best medical care for your workplace injuries, Hanover Insurance has chosen to utilize CorVel's CorCare® Network for all California based workers' compensation injuries.

Unless you pre-designate a physician or medical group, your new work injuries arising on or after _____ will be treated by providers in a new Medical Provider Network, the CorVel MPN. If you have an existing injury, you may be required to change to a provider in the new MPN. Check with your claims adjuster. You may obtain more information about the MPN from the workers' compensation poster or from your employer.

Respectfully,

Jacob Seehoffer
MPN/HCO Operations
CorVel

Form 1MPN
Notificación de Aplicación MPN

Estimados empleados,

Con el fin de ofrecerle la mejor atención médica para las lesiones de su lugar de trabajo, Hanover Insurance ha decidido utilizar CorCare CorVel[®] de la red para las lesiones de compensación a todos los trabajadores con sede en California.

A no ser que antes de designar a un médico o grupo médico, su nuevo trabajo las lesiones que surgen a partir del _____ serán tratados por los proveedores en una nueva red de proveedores médicos, the CorVel MPN. Si usted tiene una lesión existente, puede ser necesario cambiar a un proveedor de la MPN nuevo. Consulte con su ajustador de reclamaciones. Usted puede obtener más información acerca de la MPN del cartel de compensación de los trabajadores o de su empleador.

Respetuosamente

Jacob Seehoffer
MPN/HCO Operations
CorVel

Form 2MPN
MPN Cessation and Implementation of New MPN

Dear Employee,

In order to provide you with the best medical care for your workplace injuries, Hanover Insurance has chosen to utilize CorVel's CorCare® Network for all California based workers' compensation injuries.

Unless you pre designate a physician or medical group, your new work injuries arising on or after _____, will be treated by providers in a new Medical Provider Network, CorVel MPN. If you have an existing injury, you may be required to change to a provider in the new MPN. Check with your claims adjuster. You may obtain more information about the MPN from the workers' compensation poster or from your employer.

The _____ Medical Provider Network (MPN) will no longer be used for injuries arising after _____. If you have an existing injury that occurred before this date, you may be required to change to a physician in the new MPN. Check with your claims adjuster. For new injuries that occur when you are not covered by a MPN, you have the right to choose your physician 30 days after you notify your employer of your injury.

Respectfully

Jacob Seehoffer
MPN/HCO Operations
CorVel

FORM 2MPN
MPN Cesación y Aplicación de Nuevas MPN

Estimados empleados,

Con el fin de ofrecerle la mejor atención médica para las lesiones de su lugar de trabajo, Hanover Insurance ha decidido utilizar CorCare CorVel® de la red para las lesiones de compensación a todos los trabajadores con sede en California.

A no ser que previamente designe a un médico o grupo médico, su nuevo trabajo las lesiones que surgen a partir del _____ serán tratados por los proveedores en una nueva red de proveedores médicos, CorVel MPN. Si usted tiene una lesión existente, puede ser necesario cambiar a un proveedor de la MPN nuevo. Consulte con su ajustador de reclamaciones. Usted puede obtener más información acerca de la MPN del cartel de compensación de los trabajadores o de su empleador.

El _____ Red de proveedor médico (MPN) ya no se utilizará para que se deriven después de _____. Si tiene una lesión existente que se produjo antes de esta fecha, es posible que se deba cambiar a un médico en el MPN nuevo. Consulte con su ajustador de reclamos. Para nuevas lesiones que se producen cuando usted no está cubierto por una MPN, usted tiene el derecho a elegir a su médico de 30 días después de que notifique a su empleador de su lesión.

Respetuosamente

Jacob Seehoffer
MPN/HCO Operations
CorVel