**Exhibit B**

**PPP Notification Letter**

**MEMORANDUM**

**To: <Insert Employer Name>** Covered Employees

**From:** Human Resources

**Date: <Insert Current Date>**

**Re:** Workers’ Compensation Preferred Provider Program –Reported Injury

This information is being provided to you to explain your rights and responsibilities for a reported accident at work.

Under the Illinois workers’ compensation system employers can create Preferred Provider Programs (PPP) for workers’ compensation in order to provide timely and appropriate medical care for injured employees. Our claims administrator/carrier MSIG has implemented the **Illinois CorCare® Preferred Provider Program** for our workers’ compensation claims.

**Notice of Preferred Provider Program**

**For Workers’ Compensation Medical Care**

We have received your report of a work-related injury. Please be advised that we have established a Preferred Provider Program (PPP) for medical treatment for workers’ compensation cases, pursuant to the Illinois Workers’ Compensation Act (820 ILCS 305/8(a) and 8.1a). Our PPP has been approved by the Illinois Department of Insurance as required under the Act.

We recommend that you obtain your medical care from the PPP network for any work-related injury because we believe it will provide good treatment for you. You may decline to be treated by providers in our PPP now or at any time throughout your treatment for this work-related injury.

Such declination must be made to us in writing, and will count as one of your two choices of medical providers. We may not be required to pay for medical services outside or beyond your two choices of medical providers and the chain of referrals there from.

However, not receiving treatment from our PPP will not be considered a choice of physicians if: 1) there is no medical provider in the PPP that provides treatment you need and you comply with all pre-authorization requirements; or 2) the Illinois Workers’ Compensation Commission has determined that the treatment provided to you by our PPP is inadequate.

To obtain the list of medical providers in the PPP go to [www.corvel.com](http://www.corvel.com) and select State of Illinois PPP as network. To decline participation in the PPP, you must do so in writing; direct it to your MSIG claims adjuster. If you have questions about the employer’s PPP network, please contact (888) 594-4441.

If you have any questions about your rights under the law, please call the Public Information Unit at the Illinois Workers’ Compensation Commission at 312/814-6611, toll-free 866/352-3033, email the IWCC at infoquestions.wcc@illinois.gov, or check the Commission’s website at [www.iwcc.il.gov](http://www.iwcc.il.gov)/.

Illinois Workers’ Compensation Commission form 6/20/13

CLM2509/01/2015

**MEDICAL TREATMENT FOR WORK RELATED INJURIES**

The PPP program offers you the following:

Access to prompt and appropriate medical care, treatment and services for occupational injuries and illnesses

* Access to occupational health services and specialists.
* Should the need arise an additional choice of physician.
* Ability to choose providers close to your home or workplace, depending on your needs.
* 24/7 web access to provider listings at: [www.corvel.com](http://www.corvel.com).

**ACCESS TO PREFERRED PROVIDER PROGRAM SERVICES:**

Report your injury to your supervisor/ manager *immediately*.

**EMERGENCY CARE:** In case of emergency seek immediate medical attention at the nearest emergency facility. The MSIG PPP shall allow the emergency health care services by the hospital or medical facility until such time that your physician considers you to be in stable medical condition and recommends that you may return to your residence or your employer’s workplace. You will then continue your medical treatment with a PPP physician or provider under the provisions of the MSIG PPP.

**NON EMERGENCY CARE:** Should you have a non-emergent work-related injury, your employer representative or claim representative will help to ensure that you receive prompt initial care and medical attention through a PPP provider. A representative of your employer will immediately direct you to a primary treating physician who will provide you with the necessary initial and subsequent medical carefor your injury. **You are required to obtain authorization for treatment by contacting your claims administrator at: (866) MSMMCSC (676-6272).**

In the event of a claim, if you have any questions about the providers or need a specialist referral, you can contact your employer, claims administrator, access the provider look-up utility at [www.CorVel.com](http://www.CorVel.com), contact the CorVel PPP at (888) 594-4441, or send an email message to: PPP\_Admin@CorVel.com.

You have the right to be treated by a physician of your choice within the PPP. A MSIG PPP provider directory will be made available to you, your employer and physician. You may contact your Employer Representative or Clams administrator to request a listing of providers within the Preferred Provider Program. The Employer Representative or Clams administrator will provide you the options of receiving a listing of providers within the program by; (a) electronic website access, (b) a printed copy of providers; and/or (c) a toll free number to obtain information regarding providers in the program.

The program administrator shall ensure that a PPP primary treating physician, a hospital, or a provider of emergency health care services are located within thirty (30) minutes or fifteen (15) miles from your residence or work place. Other occupational health services and specialists must be within sixty (60) minutes or thirty (30) miles from your residence or work place. You may consult with your employer representative or claims administrator for a physician, hospital or other medical care services within the PPP for treatment regarding your work injury or illness.

For non-emergency services, an appointment for initial treatment with a PPP physician will be available within three (3) business days of notification to the PPP administrator for treatment within the PPP.

For non-emergency specialist services to treat common injuries experienced at work, an appointment with a specialist within the PPP will be available within twenty (20) business days after notification to the PPP administrator for treatment within the PPP.

**WORKING OUTSIDE THE GEOPGRAPHIC SERVICE AREA OF THE PREFERRED PROVIDER PROGRAM:**

If you are authorized to temporarily work or travel outside the geographic service area when the need of emergency medical care arises, please proceed to the nearest hospital or emergency medical facility and notify your employer.

If you are authorized to temporarily work or travel outside the geographic service area when the need of non-emergency medical care arises, please contact employer representative or claims representative who will assist you with identifying providers within your location. The supervisor or claims representative will assist you in locating at least (3) three physicians or additional providers outside the service area.

If you are permanently residing outside the geographic service area and a covered employee, whose former employer has ongoing workers’ compensation obligations please contact your claims representative or employer representative who will assist you with identifying providers within your location. The claims representative will assist you in locating at least (3) three physicians or additional providers outside the service area.

If you temporarily residing outside the geographic service area during recovery, please contact your claims representative or employer representative who will assist you with identifying providers within your location. The supervisor or claims representative will assist you in locating at least (3) three physicians or additional providers outside the service area

The PPP shall ensure that a primary treating physician, hospital, or a provider of emergency health care services are located within thirty (30) minutes or fifteen (15) miles from your residence {or work place}. Other occupational health services and specialists must be within sixty (60) minutes or thirty (30) miles from your residence or work place. Your representative will assist you in locating three providers within the geographic service area.

**PREFERRED PROVIDER PROGRAM ACCESS IN CERTAIN RURAL AND UNPOPULATED AREAS:**

If you require medical treatment in certain rural or unpopulated areas where health facilities are located at least 30 miles apart, you must notify your employer representative or claims representative.

If necessary, the claims representative will provide you with a PPP provider directory. You may need to treat with a physician or provider outside of the PPP service area. The employer representative or claims representative will assist you in locating at least (3) three physicians or additional providers outside the service area If necessary, the claims representative will assist you in finding a non-PPP provider.

**CHANGING YOUR TREATING PHYSICIAN WITHIN THE PREFERRED PROVIDER PROGRAM:**

If you are not satisfied with the services of a PPP provider any time after your initial medical evaluation, you will be allowed to change to another provider of your choice within the PPP.

If your PPP Provider is recommending non-emergent care with a non PPP provider, immediately contact your employer representative or claims administrator. Your supervisor or the claims representative can assist you in choosing a geographically convenient provider in the PPP and will be able to assist you to ensure that you receive the appropriate medical attention needed to get you back to work.

If you have difficulty scheduling an appointment with a PPP provider you should notify the claims representative. You will receive assistance with scheduling. The employer representative or claims representative will contact the physician or provider on your behalf to schedule an appointment. If the Physician or provider cannot accommodate your appointment request within the required timeframes the claims representative will notify you and when necessary, will provide to you a full listing and/or regional PPP directory of the names of physicians or providers who are accessible to you for you to choose another physician or provider.

**TREATMENT PROVIDED BY A SPECIALIST:**

If you require treatment by a specialist, you may self-select an appropriate specialist or be referred to a specialist by your physician within the PPP program. Your claims representative can provide you with a full listing of the PPP provider network or a regional directory of the names of physicians or providers who are accessible to you within 60 minutes or 30 miles of your residence or workplace. Your physician has access to the PPP directory and can also refer you to a specialist within the PPP.

If your primary treating physician refers you to a type of specialist not included in the PPP you may select a specialist from outside the PPP. Please contact your claims representative for additional information on this process.

**PROCEDURES FOR SELECTING A SECOND OPINION:**

In general, second opinion is an opinion rendered by a PPP physician, after an in person examination, to address a question that you have over either the diagnosis or the treatment prescribed by your primary treating physician.

When treating with a provider within the PPP, if you question either the diagnosis or treatment prescribed by your treating physician, you may obtain a second opinion. You may also treat with this provider if you so elect. You may lose the opportunity of a second opinion or choice for treating with this provider if you treat outside of the PPP. Please contact your claims representative for additional information on this process.

To obtain a second opinion, you must inform your employer representative or claims representative. Your employer representative or claims representative will provide you the options of receiving a listing of providers within the program from which you may choose a provider. The listing may be provided by; (a) electronic website access, (b) a printed copy of providers; and/or (c) a toll free number to obtain information regarding providers in the program.

**OTHER PROGRAM REQUIREMENTS:**

Receipt of this correspondence does not constitute the acceptance of your claim. For eligibility and benefits information contact your claims representative. You may be financially liable if your claim is determined to be non-compensable. You may be financial liability for your claim if you opt out of the PPP and select a second provider. For information regarding coverage, please contact your claims representative. Services rendered by a provider may require precertification of services. For services that require precertification, please contact your claims representative. Program availability may vary by location and are subject to change without notice. Providers are independent contractors and are not agents of CorVel. CorVel does not provide care or guarantee access to health services. If you need this material translated into another language, please contact your claims representative.

**SUGGESSION, PROBLEM OR GRIEVANCE PROCESS:**

Should you have a concern regarding the program, please contact a CorVel PPP Grievance Coordinator at 630-874-7487. Our representative's will assist you in making suggestions or filing formal complaints or appeals regarding any aspect of the Illinois CorCare® Preferred Provider Program. This may include a physician, hospital, or other health care professionals, or health services organization providing you with care as a beneficiary/patient of the CorVel PPP.  CorVel Corporation is required by law to respond to your complaints or appeals, and a detailed procedure exists for resolving these situations.

**CONTACT INFORMATION:**

For additional questions and concerns regarding the PPP program please contact employer representative or claims administrator or the PPP Program Coordinator. The PPP Program Coordinator may be contacted during normal business hours of 9:00 AM - 5:00 PM, Monday through Friday at: (888) 594-4441. Language-translation services are available. Deaf or hard-of-hearing individuals please send a text message to: PPP\_Admin@CorVel.com

**ACKNOWLEDGMENT:**

Please sign the attached **Notice of Preferred Provider Program** for Workers’ Compensation Medical Care to acknowledge that you have read and understand the procedures to follow in the event of an injury and your responsibilities under our Preferred Provider Program. Upon completion please return the form to Mitsui Sumitomo Marine Management (U.S.A.), Inc., 312 Elm Street, Suite 1100, Cincinnati, OH 45202 or Fax: **(866) FAXMSMM (329-6766)**.