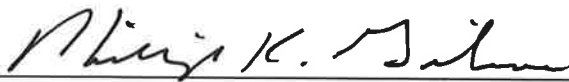


Ashley County Medical Center

HEALTH AND SAFETY PLAN

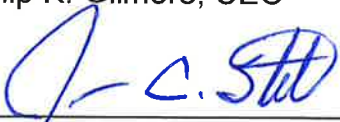
Revised July 2018



Phillip K. Gilmore, CEO



Date



Jimmy Stell, Safety Officer



Date

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I. MANAGEMENT COMPONENT

1. Safety Policy (please post)

It is the policy of Ashley County Medical Center (ACMC) to work continually toward improving our safety program and safety procedures.


It is ACMC's intent to provide a safe working environment in all areas for our employees. It is our belief that all accidents and injuries can and should be prevented by controlling the environment and the actions of our employees. Therefore, safety will take precedence over expediency and shortcuts. Every attempt will be made to reduce the possibility of accidents or injuries. Protection of employees, the public, and ACMC property and operation is paramount. We consider no phase of the operation more important than the health and safety of our employees.

Employee safety is our number one priority as we do business. We will pledge to train and equip our employees with the tools and knowledge to be able to do their jobs safely. We will ensure the policies adopted by our company are implemented and adhered to by all employees. While at the same time, employees must take personal responsibility for the prevention of injuries.

Management will continue to be guided and motivated by this policy, and with the cooperation of all employees, will actively pursue a safer working environment throughout our company.



Phillip K. Gilmore, CEO



Date

2. Assignment of Responsibilities

The ACMC Safety Officer will be the primary person responsible for the implementation and enforcement of the company safety policy. In the absence of the Safety Officer, the ACMC Compliance Officer will assume the responsibility for enforcing the program.

Additionally, the Compliance Officer will be responsible for all documentation and records developed as a result of safety training, meetings, accident investigations and hazard reports required by the plan.

II. ACCIDENT/INJURY ANALYSIS COMPONENT

1. Injury Analysis

The ACMC Human Resources Director will review our company's health and safety trends on a quarterly basis. The purpose of this review will be to identify any trends or patterns and take corrective action.

The following documentation will be reviewed when developing the trend analysis:

OSHA 300 log, Loss Run reports, Incident Reports/near misses, Accident Investigations, Self inspection reports, etc.)

Trends will be reviewed for patterns such as: shift, injury type, time of day, and by type of exposure. The ACMC Compliance Officer will make recommendations and track corrective actions identified to prevent recurrence of similar accidents or hazards.

2. Documentation

The Human Resources Director will be responsible for documenting the trend analysis reviews. All documented reviews will be retained for a period of 24 months.

(A sample of a simple trend review is attached to this sample program, Appendix 1.)

III. RECORD KEEPING COMPONENT

Safety Program Record Keeping

The ACMC Human Resources Director will be responsible for maintaining all documentation of training, accident reports, and OSHA logs, and other documentation required for the implementation of this health and safety plan. The Compliance Officer will be responsible for maintaining documentation of near miss reports and hazard reports.

Blank forms for all necessary documentation for the health and safety plan will be available in the Human Resources office or the Compliance Officer's office.

The following are a list of records kept as part of the health and safety plan:

1. Injury Records:

An injury log will be maintained in the Human Resources office. Injuries will be recorded on an OSHA 300 log (if required), or equivalent, within 24 hours of being reported.

The summary portion of the OSHA 300 log (if required) will be posted from February 1st to April 30th each year in a place where employee notices are normally placed.

Injury records will be retained for a period of five (5) calendar years.

2. Inspection records

All health and safety inspections will be maintained in the office of the Compliance Officer for a period of at least 1 year.

3. Safety Meetings/Training Records

Safety meeting records will be maintained in the office of the Compliance Officer, and training records will be maintained in the Human Resources office for a period of at least 1 year unless other regulations require that they be maintained for longer periods.

4. Accident Investigation Records will be maintained in the Human Resources office for a period of at least 1 year.

IV. EDUCATION AND TRAINING COMPONENT

1. Training And Education

Ashley County Medical Center is committed to providing safety and health related orientation and training to all employees at all levels of the company. The Compliance Officer will be responsible for identifying the education and training needs of this facility on an annual basis. The training subjects and materials are developed utilizing industry and site specific criteria based on the identified and potential hazards and past claims history.

The training program will be administered in two phases consisting of new employee or reassignment orientation and general periodic and refresher training. In addition to formal safety and health training, employees will also receive on the job instruction on safe operating procedures of each assigned job or task.

The training identified by our company will include but is not limited to, the topics on the attached training matrix (Attachment A).

2. Employee Orientation:

Our company will conduct orientation for employees when:

- I. Health and Safety Plan is implemented or changed
- II. Employees are new or newly assigned
- III. New substances, processes, or equipment is introduced
- IV. New hazards or previously unrecognized hazard is found

The orientation will consist of all required training programs as well as job and site specific safety and health information. All new employees will be given a tour of the facility and an opportunity to pose questions to familiarize themselves with the process. New employees will not be released to an individual job assignment until it has been determined by the Department Manager that the individual has retained the minimal acceptable elements of the training provided and can safely perform the assigned duties.

3. Training and Education Documentation

Safety education and training will be documented and records will be maintained by the Human Resources Director for a period of 24 months or as required by law or directives.

Documentation will include:

- 1) Date of training,
- 2) Name of trainer,
- 3) Subject(s) covered, and
- 4) Attendance roster with employee's signatures.

Ashley County Medical Center will ensure that supervisors are trained in safety hazard recognition and prevention.

V. SAFETY AND HEALTH INSPECTION COMPONENT

1. Safety Inspections

The Department Managers will be responsible for conducting and documenting safety inspections within our company. The purpose of these inspections is to identify hazardous conditions and practices that may result in injury or illness to the employee. Furthermore, Department Managers will be responsible for taking action to track and correct the hazards found during these inspections.

Attachment B is a list and schedule of areas to be inspected:

2. Documentation

Records of these inspections will be maintained by the Compliance Officer. Records will be maintained and tracked until all hazards noted are corrected and will remain on file for a period of 12 months.

Documentation will include:

1. Date of inspection
2. Name of person conducting inspection
3. Inspection results (items noted)
4. Person assigned for corrective action
5. Date of corrections made

All parties who conduct formal workplace inspections will be trained on their responsibilities and on how to document the inspections.

VI. ACCIDENT/INCIDENT INVESTIGATION COMPONENT

Accident/Incident Investigation

An accident may be defined as an unexpected and usually undesirable event that may cause injury to people, damage to property or the environment, or a combination of both. Accidents usually arise from a combination of unsafe conditions and unsafe acts. Ashley County Medical Center requires all employees to immediately report to their supervisor all accidents and incidents that result in injury or property damage, and all near misses. Each of these events will be investigated within 24 hours to determine the causes and contributing factors. From the accident investigation, a plan of corrective action will be established to prevent recurrence of similar events.

The Department Manager will investigate and document all accidents and incidents that involve workers. The investigation will include completing the Accident Investigation Report, taking witness statements, and ensuring the injured worker has received any needed medical assistance. **(See attached incident investigation report form)**

1. Procedure:

1. The employee reports work related accident **per ACMC's Workers' Compensation Policy & Procedure [including notifying Medcor of incident (1-800-775-5866) and completion of Arkansas Workers' Compensation Commission Form N].**
2. Supervisor ensures proper medical attention given
3. Arrange for transportation for injured employee's medical treatment if needed
4. Secure the scene of the accident
5. Supervisor completes the Accident Investigation Report

A. The steps of an effective accident investigation include:

1. Secure and manage the scene to prevent further injury and preserve evidence that may be important in the investigation.
2. Take photographs and make sketches of the scene. Identify equipment, materials, etc.
3. Interview witnesses, others who may have been involved in or have information about the process, and others who may be able to provide pertinent information concerning the conditions that may have contributed to the accident. Reduce the statements to writing and have them signed by the persons interviewed.
4. Evaluate all factors to determine Who, What, When, How, and Why?
5. Prepare a written, detailed report of the investigation
6. Recommend corrective actions.
7. Follow up on the recommendations to ensure corrective actions

- have been implemented and that they are effective.
8. Supervisor sends Accident Investigation Report to Senior Management for review.

2. Documentation

The accident investigation will be reviewed by Human Resources or Compliance Officer to determine corrective actions needed. The Department Manager will be responsible for tracking and implementing the corrective actions. Accident investigation reports should be retained in the Human Resources office for a period of at least two years.

Ashley County Medical Center will ensure that accident investigations are conducted by trained personnel.

VII. REVIEW AND REVISION COMPONENT

Review and Revision

The Safety Officer or other designated representative will review and revise the components of the Health and Safety Plan on an annual basis. The purpose of this review will be to determine if all areas of exposure are addressed in the Health and Safety Plan. Special attention will be devoted to areas that demonstrate failure in a program element, and introduction of new processes or equipment. Corrective actions will be taken and the plan will be amended to ensure that it is effective.

Annual reviews will be documented showing the date of the review and any corrective actions taken. Documentation will be maintained by the Compliance Officer.

Attachment A:

Training and Education Matrix

Indicate the departments that will receive training on each topic and the frequency of the training (i.e., initial/orientation, annual, etc.). Add more rows as needed for additional departments.

(Note: The topics listed are examples of training topics often needed in the workplace; your workplace may or may not need all of these and may need training on additional topics; customize the matrix to your workplace.)

I = initial, at orientation

A = annual

	Hazard Communica tions	Emergency Evacuation	Blood Borne Pathogens	Respiratory Protection	Fire Safety	Personal Protective Equipment	Tornado	Defensive Driving
Accounting	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Administration	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Admissions/Fin. Counseling	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Ashley Health Services	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Ashley Specialty	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Business Office	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Dietary	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Hamburg Clinic	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Health Information	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Home Health	I, A	I, A	I, A	I, A	I, A	I, A	I, A	I, A
Laboratory	I, A	I, A	I, A	I, A	I, A	I, A	I, A	I, A
Materials Management	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
All Nursing	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Pharmacy	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Physical Therapy	I, A	I, A	I, A	I, A	I, A	I, A	I, A	I, A
Radiology	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Respiratory Therapy	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Speech	I, A	I, A	I, A	I, A	I, A	I, A	I, A	I, A
Wellness Center	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Maintenance	I, A	I, A	I, A	I, A	I, A	I, A	I, A	I, A

	Lock out/tag out	Fall protection	Ladder safety	Hand tool safety	Hearing conservation	Powered Industrial truck
Maintenance	I, A	I, A	I, A	I, A	I, A	I, A

Attachment B:

Frequency of department safety inspections: (See Appendix B)

Dept.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Acct/Business Office												
Administration												
Admissions/FiCo												
Ashley Health Services												
Ashley IOP												
Ashley Specialty												
CCU												
Dietary												
Engineering												
ER												
Generations												
Hamburg Clinic												
Health Information												
Home Health												
Housekeeping												
IT												
Laboratory												
Materials Management												
Nursing – 2C												
OB												
Pharmacy												
Physical Therapy												
Radiology												
Respiratory Therapy												
Speech												
Surgery												
Wellness Center												
Orthopedic Clinic												
Family Clinic												



Health and Safety Plan Employee Acknowledgment

Employee Name: _____

Date Hired: _____

I acknowledge that I have read and received training on the contents of the health and safety plan. I understand that compliance with all stated company policies, including safety, is a condition of continued employment with this company.

Employee Signature _____ Date _____

Human Resources Director _____ Date _____

Appendix 1

Sample Trend Analysis Review

YEAR (DATE) to (Date)

DATA REVIEWED

- X OSHA 300 log
- X 1st Report of Injury
- X Incident/near miss reports
- X Accident investigations
- X Loss Run reports
- X Self-Inspection Reports

RESULTS OF REVIEW

In (Year) the areas that have had the largest occurrences of injuries and near misses are, in order of highest to lowest:

CORRECTIVE ACTIONS TAKEN:

Appendix A

Safety Training Attendance List

The undersigned have received the following training:

Subject: _____ Date: _____

Trainer: _____ Location: _____

Employee Name:
Printed

Signature

Dept.

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

Appendix B

Ashley County Medical Center Safety Standards Department Inspection Form

DEPARTMENT: _____ DATE: _____

OBSERVER: _____

	Fire Safety	Yes	No	N/A
FS 1	Aisles are clear, dry, and free of trip hazards: remove hallway clutter, have 8 feet of clearance in patient hallways. Move all wheeled objects to one side. No piles of waste materials or "nonwheeled" storage.			
FS 2	Fire exits, extinguishers, fire alarm pull stations, medical gas shut-off valves, or electrical panels are not blocked. Fire extinguishers are easily accessible.			
FS 3	All storage is 18 inches below the ceiling.			
FS 4	Fire extinguisher check dates on the tag are current. Exit signs and emergency lighting are checked and maintained. If not, call Safety at Ext. 269.			
FS 5	Ensure that fire doors latch securely, NO doors are propped or wedged open.			
FS 6	Automatic doors can swing shut freely and latch			
FS 7	Storage areas have clear aisles to the back and are organized.			
FS 8	No Smoking policy is enforced.			
FS 9	Mechanical rooms, telephone and utility closets do not contain storage			
FS 10	Covers are on electrical panels.			

	General Safety	Yes	No	N/A
GS 1	Knowledge of actions to take during a fire and other emergencies.			
GS 2	Entrances are kept dry or provided with non-skid mats.			
GS 3	Materials, products, supplies are properly and safely stored to a workable height			
GS 4	Chemicals are labeled.			
GS 5	Knowledge of actions to take in response in a hazardous spill.			
GS 6	Adequate lighting is provided in all work areas.			
GS 7	Unsafe situations, equipment and actions are reported and resolved.			
GS 8	Emergency exits are marked, clear, and easily accessible. Exit doors are unlocked and swing to the outside.			
GS 9	First aid supplies are provided if needed.			
GS 10	All employees are provided with suitable eye protection when around operations that produce eye hazards.			
GS 11	All employees are trained in proper lifting techniques and material handling.			
GS 12	Safety instructions and warning signs are posted where needed.			

	Maintenance	Yes	No	N/A
MA 1	Building facilities and utility systems in good repair, grounds well maintained.			
MA 2	No frayed electrical cords or extensions cords.			
MA 3	Machines and equipment is in safe operating condition. Necessary guards are provided and used.			
MA 4	Equipment inspections are up to date			
MA 5	Floors are in good condition: smooth, clean surfaces, without holes, cracks, or humps.			
MA 6	Stairs are in good condition, with handrails and adequate lighting			
MA 7	Ladders are provided where needed for standard construction and are in good physical condition			
MA 8	The right tools for the job are being used and are in good condition.			
MA 9	Required grounds are provided on power tools and extension cords. Equipment is in good operating condition.			
MA 10	Sidewalks and parking lots are smooth and free of cracks, holes, and tripping hazards.			

	General Housekeeping	Yes	No	N/A
GH 1	Facility is clean, including common areas and rest rooms.			
GH 2	No storage under sinks.			
GH 3	Janitorial closets are clean and neat.			
GH 4	Appropriate disposal of waste.			

	Hazardous Material Safety	Yes	No	N/A
HM 1	There are no unsecured oxygen cylinders. Check the unit, beds, stretchers, and wheelchairs. Cylinders must be secured in a stand, rack or cradle beneath a stretcher.			
HM 2	There are no more than 12 oxygen cylinders stored in one area. If there are more than 12, please contact Maintenance at Ext. 269 to have them removed.			
HM 3	All spray bottles, jugs, and other containers are appropriately labeled. If you don't know what's in a container, contact Environmental Services ext. 290 or contact Maintenance at Ext. 269 for disposal.			
HM 4	Material Safety Data Sheets are on hand for all hazardous materials.			
HM 5	Food, specimens/biohazards, and chemicals are not co-mingled.			
HM 6	Sharps containers are safe for use (not overfilled).			
HM 7	Spill kits are available (blood and bodily fluid, chemo, chemical).			
HM 8	Trash and linen are placed in appropriate containers (not overfilled).			

	Infection Control	Yes	No	N/A
IC 1	Isolation precaution rooms are equipped with appropriate signage.			
IC 2	Personal protective equipment is available and appropriate to precaution.			
IC 3	Staff and physicians reminded to wash their hands before and after providing patient care.			
IC 4	Patient nutrition refrigerators and freezers have up-to-date temperature logs.			
IC 5	All open food containers in patient refrigerators and freezers have patient names on them and are dated.			
IC 6	There are no boxes or supplies on the floor.			
IC 7	Knowledge of Exposure Control Plan (location, purpose, access to Infection Control Manual).			
IC 8	Gloves are used appropriately and removed after patient contact?			
IC 9	Appropriate disposal of medical waste.			
IC 10	In soiled utility areas, trash is properly bagged/contained in appropriate receptacles.			
IC 11	No eating or drinking observed in patient care areas where risk of contamination is possible.			
IC 12	Exam rooms neat, orderly, and free of odor.			
IC 14	Have you received post op patients during the past month with any type of complications?			
IC 15	Are staff practicing effective hand washing?			
IC 16	Equipment (exam tables, beds, wheelchairs, scales, etc.) in good repair and free of tears/ cracks in material			
IC 17	There are no expired supplies available for use.			

Employee Safety Concerns: _____

NO OFFICE USE ONLY: Received Date: _____ ☐ No follow up required ☐ Reported to: _____

Appendix C

Safety Hazard Report

Name: _____ Date: _____

Day of Week: _____ Time: _____

Location: _____

Hazard Description: _____

Recommendation: _____

Date of Correction: _____

Appendix D

Vehicle Inspections

1.	Tires and Wheels:	Satisfactory	Needs Servicing
	Correct air pressure		
	Tires free of wear		
	Rims free of damage		
	All lugs present and tight		
	Properly matched tires		
2.	Lights		
	Turn on lights – use low beams		
	Check high beams, left and right turn signals, break lights and parking lights		
3.	Brakes		
	Parking brake: apply parking brake with vehicle moving slowly. Vehicle should stop		
	Service brake: push brake pedal firmly with vehicle going about 5 miles per hour. Vehicle should stop with no pulling to one side or delayed stopping action.		
	Test the steering while the vehicle is moving. Steering should be smooth and consistent with no play in the steering wheel.		
4.	Emergency Equipment		
	Are flags, jack, flares or other warning devices, fire extinguisher, flashlight, and wheel blocks. etc. Check to see that supplies are in good working order.		
	Spare tire properly inflated		
5	Inside of Vehicle		
	Check mirrors, windshield wipers, panel gauges, horn. Adjust seat for comfort. Adjust side mirrors		
	Make sure cargo is properly secured.		
6.	Under Hood		
	Fluid levels: oil, water, brake fluid, windshield washer fluid, battery fluid		
	Check the condition of belts; look for loose or frayed belts.		
	Hoses: Check for loose or disconnected hoses.		
	Check under vehicle for leaking fluids		

Appendix E

Accident Investigation Form

Department: _____ Date of this report: _____

Injured Employee: _____

Employee Job Title: _____

Date and time of injury: _____ AM/PM

Where injury happened: _____

Nature of injury/property damage: _____

Describe the incident (What happened?): _____

Contributing factors: _____

Witnesses: _____

What action(s) are being taken, and by whom, to prevent recurrence of this type of injury? _____

Was the report to supervisor or first aid delayed? _____ Why? _____

Was medical treatment required? _____ Who administered medical treatment? _____

Where was medical treatment administered? _____

What is the severity potential for lost time? High/Major _____ Medium/Serious _____ Low/Minor _____

Probable Recurrence Rate: Frequent _____ Occasional _____ Rare _____

Supervisor's signature: _____ Date: _____

Investigated by: _____ Date: _____

Reviewed by: _____ Date: _____

Appendix F


Annual Accident Prevention Plan Review

Date of Review: _____

New Exposures Identified: _____

Action Taken: _____

Reviewed By:

Form AR-N	ARKANSAS WORKERS' COMPENSATION COMMISSION	
Ark. Code Ann. §§ 11-9-701, 508, 514 AWCC Rule 33 Revised: 1-1-2001 Updated: 8-1-2006	324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	

EMPLOYER'S NOTICE TO EMPLOYEE

NOTICE TO EMPLOYEE - Fill out this form to give to your employer immediately. Employer: Be sure the employee receives a copy of this form [Ark. Code Ann. § 11-9--514 (c)]

Ark. Code Ann. § 11-9-701. Notice of injury or death.

- (a)(1) Unless an injury either renders the employee physically or mentally unable to do so, or is made known to the employer immediately after it occurs, the employee shall report the injury to the employer on a form prescribed or approved by the Workers' Compensation Commission and to a person or at a place specified by the employer, and the employer shall not be responsible for disability, medical, or other benefits prior to receipt of the employee's report of injury.
- (2) All reporting procedures specified by the employer must be reasonable and shall afford each employee reasonable notice of the reporting requirements.
- (3) The foregoing shall not apply when an employee requires emergency medical treatment outside the employer's normal business hours; **however**, in that event, the employee shall cause a report of the injury to be made to the employer on the employer's next regular business day.
- (b)(1) Failure to give the notice shall not bar any claim:
 - (A) If the employer had knowledge of the injury or death;
 - (B) If the employee had no knowledge that the condition or disease arose out of and in the course of the employment; or
 - (C) If the commission excuses the failure on the grounds that for some satisfactory reason the notice could not be given.
- (2) Objection to failure to give notice must be made at or before the first hearing on the claim.

CHOICE/CHANGE OF PHYSICIAN

Rights and responsibilities. Treatment or services furnished or prescribed by any physician other than the ones selected according to the provisions below, except emergency treatment, shall be at the claimant's/employee's expense.

Ark. Code Ann. § 11-9-508. Medical services and supplies.

"(e). . . [T]he injured employee shall have direct access to any optometric or ophthalmologic medical service provider who agrees to provide services under the rules, terms, and conditions regarding services performed by the managed care entity initially chosen by the employer for the treatment and management of eye injuries or conditions."

1. Your employer shall have the right to select the initial primary care physician from among those associated with certified MCOs.
2. You may request a change-of-physician. You should initially request a change from the insurance carrier or employer. Within five business days of your initial request for a change-of-physician, the insurance carrier or employer should notify you of its decision to grant or deny the change-of-physician.
3. If your request for change of physician is denied you may send a petition to the Clerk of the Arkansas Workers' Compensation Commission for a one (1) time only change-of-physician.
4. **If your employer has contracted with a certified MCO**, you shall be allowed to change physicians by petitioning the commission one (1) time only for a change-of-physician to a physician who must also either be associated with the certified MCO chosen by your employer or who is your regular treating physician. (Your "regular treating physician" is one who maintains your medical records and with whom you have a history of regular treatment before the onset of your compensable injury.) The health care provider to whom you change must agree to refer you to the certified MCO chosen by your employer for any specialized treatment, including physical therapy, and must agree to comply with all the rules, terms, and conditions regarding services performed by the MCO initially chosen by your employer.
5. **If your employer does not have a contract with a certified MCO**, you shall be allowed to change physicians by petitioning the commission one (1) time only for a change-of-physician to a physician who must either be associated with any certified MCO or who is your regular treating physician. (See definition above.) The health care provider to whom you change must agree to refer you to a physician associated with any certified MCO for any specialized treatment, including physical therapy, and must agree to comply with all the rules, terms, and conditions regarding services performed by any certified MCO.

Back side / Two-sided form

N