

EXHIBIT 4

NOTICE OF ONE CALL BUSINESS PRACTICE CHANGES SUMMARY

The following changes have been made to our business practices in California. Please note – these changes apply to One Call and its affiliates engaged in providing chiropractic network services in the State of California.

TRANSPARENCY & PROCESS MANAGEMENT

One Call will list the names, addresses and telephone numbers of contracted Chiropractors (“DC”) in its Medical Provider Network (“MPN”) listings.

One Call will share with each contracted DC a description of how its proprietary scoring process operates and the score One Call has attributed to each such DC. One Call’s scoring system does not deter DCs from seeking additional visits for patients who need them. Contracted DCs can obtain their network scorecard and/or rating tier information from One Call by contacting **ProviderRelations_Retention@onecallcm.com**.

DCs can visit <https://providers.alignnetworks.com> to see a complete listing of the One Call customers for chiropractic services, which One Call will update on a quarterly basis.

One Call affiliates that operate MPNs will continue to comply with all MPN requirements.

PRICING, BILLING & PAYMENT

One Call has notified contracted DCs of One Call’s acceptance of standard electronic claims and claims attachments. One Call has notified DCs of its current clearinghouse partners in that notification. One Call further agrees to consider expanding the list of acceptable clearinghouses in good faith to include one or more additional clearinghouses that support California’s e-billing rules upon request by DCs. By March 25, 2020, One Call shall process all electronically submitted claims consistent with the most recent versions of the CDWC’s Medical Billing and Payment Guide and Electronic Medical Billing and Payment Compliance Guide (the “EBPGs”) and the applicable regulations.

One Call utilizes commercially reasonable efforts to ensure that the remittance advice provided by them to DCs contains all relevant reason and remark codes.

If an out-of-network DC notifies One Call of its good faith dispute of One Call’s payment, One Call shall within thirty (30) days of such written request provide such DC justification for the amount One Call paid. If One Call fails to provide such justification within the thirty day period, One Call shall pay the DC for the disputed services at the lesser of the DC’s standard rate or, as applicable, the rate set forth in the applicable OMFS, which amount shall be due and payable within forty (40) days of receipt of written notice from the out-of-network DC. One Call will refrain from taking any future discounts from that DC without the DC’s express written consent until One Call can demonstrate to the DC that they are entitled to pay a particular rate as provided by a written agreement between One Call and the DC.

One Call will not make changes to claims except to correct outdated codes or adding necessary modifiers, and will assume full responsibility for any modifier additions.

One Call will not re-price or retro-bill any claims for payment submitted by an out-of-network DC, nor shall One Call retroactively recoup money unless the DC has been previously paid for that same service. Any recoupment notice would include the information the DC needs to reconcile the recoupment.

One Call's contracted per diem rates for DC's shall affect only therapy related CPT coding, inclusive of codes 98940-43 and 97010- 97750. Physician level services that are billed on a standalone invoice separate and apart from the therapy related CPT coding invoices, including Evaluation & Management ("E/M") codes, extended time codes 99354 through 99359, and DWC specific reporting codes, record copying codes and other similar codes shall be excluded from the per diem discount.

CONTRACTING

Referrals will be based primarily on the source of the referral and One Call will refrain from steering referrals based upon reduced rates offered by a DC except as set forth below. One Call will also not make any communications to DCs indicating that they will receive more injured worker referrals if they lower their contracted rates or based on being in a particular rate tier.

One Call will not suggest or solicit a lower rate for at least 18 months after agreeing to an initial or modified contract with a DC practice.

One Call will modify existing and future contracts with DCs to the extent necessary to comply with the Agreement and share such contract modifications with existing network chiropractors as provided in the Agreement.

One Call has notified their affiliate MPNs in writing that their contracts with DC providers do not contain a provision that indicates the provider has agreed to relinquish their right or ability to serve as a Primary Treating Physician (PTP), unless the provider has specifically agreed to such a provision in writing.

REFERRAL PROCESS

One Call aims to achieve the following goals:

- Avoiding delays in start of care including scheduling advance appointments
- Providing the treating DCs with authorizations and relevant information from the treating physicians prior to start of care
- Efficient scheduling processes to avoid missed appointments and no-shows
- Resolution mechanisms for rejected or denied claims and other grievances
- Ensuring prompt payment of accepted claims

To that end, One Call has and will continue to maintain the following decision-making hierarchy for the staffing of chiropractic referrals where a Medical Provider Network (“MPN”) includes chiropractic providers, and where there is no MPN, or the MPN does not include chiropractic providers:

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| Step One: If the treating physician has requested a DC and the claims adjuster has approved |  | Staff with the DC that the treating physician requested and the claims adjuster has approved |
| Step Two: If the claims adjuster has obtained a modification to the treating physician’s request or if there is no request by the treating physician |  | Staff with the DC requested by the claims adjuster |
| Step Three: If neither the treating physician nor the claims adjuster has requested a DC |  | Staff with the DC requested by the injured worker |
| Step Four: If neither the treating physician nor the claims adjuster nor the injured worker has requested a DC |  | Staff with the DC with the highest quality ranking within 5 miles of the injured worker’s work or home, as the worker requests. |
| Step Five: If neither the treating physician nor the claims adjuster nor the injured worker has requested a DC and there are multiple DCs that meet One Call’s standard scheduling protocol described above |  | Staff with the DC with the most competitive rate for services on behalf of the payor. |

Note: for referrals that fall outside a payor’s MPN, if an out-of-network DC produces documentation of authorization from the claims adjuster, One Call will close its file and not pursue a Single Referral Agreement (“SRA”) with that DC unless One Call has entered into a SRA with that DC in the past year.

One Call shall not interfere with or redirect referrals made by the primary treating physician, which have been approved by the claims adjuster. One Call shall not contact the treating physician, or injured worker once it has notice that the adjuster has approved a referral to a specific DC.

NON-INTERFERENCE

One Call is not a claims administrator, utilization review (“UR”) organization or chiropractic practice and will continue to refrain from making or interfering with clinical determinations made by the appropriate parties in the continuum of care.

One Call will use reasonable efforts to obtain the name and contact information of the UR organization reviewing each referral and, if available, share such information with the DC assigned to the referral. One Call will also provide the contact information for an employee of One Call who the DC can contact to resolve disputes over UR decisions.

One Call will not:

- Override or interfere with the decisions made by the treating physician, but One Call may recommend clinical treatment options so long as they are accompanied by applicable industry guidelines or other clinical support and a disclosure that they are only recommendations and that the UR organization is responsible for all UR determinations;
- Determine what diagnostic tests are appropriate for a particular condition;

- Determine the need for referrals to or consultation with another DC;
- Determine how many injured workers a DC must see in a given period of time or how many hours a DC must work in a particular day;
- Claim that One Call possesses ownership of an injured worker's medical records, including, but not limited to, determining the contents thereof;
- Make decisions regarding specific coding and billing procedures for patient care services;
- Hold itself out in any communication with an injured worker (including published or online listings of DC networks) as a DC or DC Practice.

DISPUTE RESOLUTION PROCESS

If a California DC believes that One Call has failed to implement or maintain the business practices formalized by the Agreement, he/she can contact One Call to seek to resolve the dispute. If the DC and One Call fail to resolve the dispute informally, the DC can request that his/her dispute be decided by an independent compliance dispute officer through a streamlined Dispute Resolution Process ("DRP") For more details about the DRP, please visit <https://providers.alignnetworks.com>.

TERM OF THE AGREEMENT; NON-RETALIATION

The terms of the Agreement shall be in effect until April 6, 2021.

One Call will not retaliate against any DC and no DC shall suffer any decrease or alteration in referrals solely as a result of such DC seeking to modify or renegotiate the terms of his/her contract with One Call, filing a good faith grievance with One Call, or otherwise availing him or herself of the rights in the Agreement.

Click here or call 866.389.0211 x 35824 or 904.528.5824 for a more detailed description of our business practice change agreements.