

Genex Medical Provider Network

California

Legislation

The MPN regulations are found in Title 8, California Code of Regulations (CCR), Sections 9767.1 - 9767.19 (MPN regulations);

- › California SB 899 allowed for the development of MPNs on or after Jan. 1, 2005. MPN regulations were made effective on Sept. 15, 2005. Subsequent MPN revisions became effective Oct. 8, 2010.
- › SB 863 was signed into law on Sept. 18, 2012. The bill made wide-ranging changes to California's workers' compensation system, including significant changes to CA MPNs. The bill took effect on Jan. 1, 2013, although some of its provisions took effect on a later date.
- › The final MPN regulations went into effect Aug. 27, 2014

Employee Benefits

- › MPNs must meet specific and comprehensive access standards which ensure the IW has access to a provider appropriate to treat the work-related injury
- › Medical Access Assistants to assist IW in scheduling appointments Monday–Saturday, 7am–8pm
- › MPN contact to support IW in answering questions on MPN and accessing medical care in the MPN
- › Change of providers allowed in MPN
- › Second and third opinions allowed
- › MPN Independent Medical Review (IMR) available
- › Out-of network care allowed under certain conditions;
- › Pre-designation is not within the scope of the MPN, however, an employee is allowed to pre-designate a physician prior to the date of injury as long as specific criteria are met

Fast Facts

- A medical provider network (MPN) is a network of providers, including physicians, created to provide medical treatment for work injuries of employees in California
- An MPN must be approved by the California Division of Workers' Compensation (DWC) before it can be used
- Unless exempted by law or the employer, all medical care for workers injured on the job whose employer has an approved MPN will be handled and provided through the MPN
- The MPN applicant can be a carrier or insurer, a fully self-insured employer as defined by the State of California or an "entity that provides physician network services"
- The MPN is a voluntary program that gives employers the opportunity to direct injured workers to an MPN provider for work-related injuries
- MPNs are approved by the CA DWC for a period of four (4) years

Employer and Payer Benefits

- › Ability to direct care of injured employees to MPN providers over the life of the claim
- › RTW and outcome-focused provider network with statewide coverage
- › Compliant with all state-mandated reporting requirements
- › Subject to CA DWC random MPN reviews
- › Comprehensive quality assurance program to evaluate quality of care, provider performance, utilization of services, facilities, and costs
- › Formal complaint process

Employer Responsibilities

- › A complete written Employee Notification required at time of injury, the MPN applicant or its designee must provide the MPN Employee Notification in English and in Spanish if the employee primarily speaks Spanish
- › The employer must arrange an initial medical evaluation with an MPN physician as soon as the covered employee notifies the employer of the injury or files a claim for WC injury
- › The employer or insurer shall authorize the treatment within one working day of receipt of the DWC-1 Employee Claim
- › The employer must continue providing treatment until the date liability for the claim is accepted or rejected, limited to \$10,000
- › The written Employee Notice must be provided to the IW at the time of injury, or when an employee with an existing injury is required to transfer treatment to an MPN. It must be provided in English & Spanish if the employee primarily speaks Spanish

Second and Third Medical Opinion: If an employee disputes diagnosis or treatment of the PCP or PTP, he or she may obtain a second and third medical opinion from physicians in the MPN.

- › MPN Independent Medical Review (IMR): If the injured employee disagrees with the diagnosis or treatment of the third opinion physician, the injured employee may file, with the Administrative Director, a request for an MPN Independent Medical Review

Transfer of Care (TOCP) Required: The TOCP policy will allow for safely transfer of claimants to the MPN when treatment is initiated outside of the MPN or before the MPN is implemented.

Continuity of Care Policy (COCP) required: The COCP policy will allow for safely transfer of claimants to the MPN when a provider for any reason cannot continue treatment of a claimant within the MPN.

Termination or Cessation of MPN

When MPN coverage ends, the employer or the insurer for the employer must ensure each injured covered employee who is treating under an MPN be given written notice of the date the employee will no longer be able to use its MPN.



Plan Administrator

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