

EMPLOYEE'S GUIDE *to the* **STATE FUND Medical Provider Network**



What is the State Fund Medical Provider Network?

State Fund's Medical Provider Network (MPN) is a group of medical providers who primarily treat occupational injuries. If your injury or illness is due to employment, the State Fund MPN will provide authorized medical treatment. Our MPN consists of the State Fund~Kaiser Permanente Alliance, the State Fund Preferred Provider Network (PPN), and the Blue Cross of California Preferred Provider Organization (PPO) providing authorized treatment to our covered employees. These medical providers base their medical treatment on the utilization schedule developed by the administrative director of the Division of Workers' Compensation. If necessary, the MPN provides specialists to treat your injury or illness.

How do I obtain medical treatment?

For non-emergency services, after you file a claim your employer will refer you to an MPN facility for initial treatment within 3 business days.

If you are temporarily working outside the geographical service area of the MPN and you are injured on the job, you should seek emergency treatment at the nearest emergency room. If you are injured on the job, but it is not an emergency, you should notify your employer, your adjuster, or State Fund's Claims Reporting Center. If you need additional treatment, contact State Fund or your employer to continue authorized treatment with an available MPN physician.

Can I predesignate a doctor?

Yes, if you meet the requirements to predesignate.

Can I change my doctor?

Yes. After your initial medical evaluation with an MPN doctor, you have the right to choose another primary treating physician from the MPN.

How do I choose a doctor?

You may obtain a regional list of MPN doctors by going to MEDfinder at www.scif.com. You may also obtain a regional list by telephoning or sending a written request to your claims adjuster, if one has been assigned to you, or by calling State Fund's Claims Reporting Center at (888) 222-3211. If you wish to obtain a complete hard-copy list of all MPN providers, contact the State Fund MPN by sending an e-mail to scifmpn@scif.com, or by calling (323) 266-5096, or by sending a written request to:

State Compensation Insurance Fund
Attention: State Fund Medical Provider Network
900 Corporate Center Dr.
Monterey Park, CA 91754

After you receive a list of MPN doctors, you may select a treating doctor (or any subsequent doctor) on the basis of the physician's specialty or recognized expertise in treating your particular injury or condition.

How do I make an appointment with an MPN doctor?

After you choose an appropriate doctor within the MPN, you may call the doctor for an appointment. If you are unable to obtain an appointment, contact State Fund.

If you are unable to obtain a non-emergency appointment with a specialist within 20 business days, you should contact State Fund.

How do I obtain a referral to a specialist?

You may receive a referral to a specialist from your treating doctor, or you may select a specialist or subsequent physician of your choice from within the MPN. Your choice of physician from the MPN shall be based on the physician's specialty or recognized expertise in treating your particular injury or condition.

What do I do if I disagree with my doctor's diagnosis or treatment?

It is your responsibility to advise your adjuster* of the dispute and request a second opinion. You will need to select a doctor or specialist from the list of MPN providers and make an appointment with the selected doctor within 60 days. If you do not make the appointment within the 60-day period, the assumption will be that you no longer wish to pursue this dispute.

After you make an appointment with the MPN doctor, notify your claims adjuster. The adjuster will contact your treating doctor to obtain your medical records for the second-opinion doctor. The adjuster will contact the second-opinion doctor to notify the doctor that he or she has been selected to provide a second opinion on the dispute.

The results of the second opinion will be sent to you and the adjuster. If you disagree with the second-opinion doctor's findings, you may seek an opinion from a third MPN doctor. It is your responsibility to advise your adjuster of the dispute and request a third opinion. You will need to select a doctor from the list of MPN physicians and make an appointment with the selected doctor within 60 days. If you do not make the appointment within the 60-day period, the assumption will be that you no longer wish to pursue this dispute.

If you still disagree with the findings of the third opinion regarding the disputed diagnosis or treatment, you may request an independent medical review (IMR) from the administrative director of the Division of Workers' Compensation.

During this second- and third-opinion process you may continue treatment with your treating physician within the MPN or a physician of your choice within the MPN. Selection of a treating physician and any subsequent physicians shall be based on the physician's specialty or recognized expertise in treating the particular injury or condition in question.

How do I request an independent medical review?

If you select a doctor for a third opinion, the State Fund adjuster will send you information about the IMR process. You will receive an Application for Independent Medical Review as well as medical reports from your primary treating physician and second-opinion physician. You do not

*If you have been assigned an adjuster, contact him or her directly. The adjuster's name and telephone number appear on your claim correspondence.

If you have not been assigned an adjuster, you may call the State Fund Claims Reporting Center at (888) 222-3211. Translation services are available.

receive the medical reports unless they are requested. The adjuster will complete the Medical Provider Network Contact section of the application before you receive the form.

After receiving the third doctor's opinion, if you still disagree, you must complete the employee section of the Application for Independent Medical Review and mail the form with your medical reports to:

**Department of Industrial Relations
Division of Workers' Compensation
P.O. Box 8888
San Francisco, CA 94128-8888**

Within 20 days the administrative director will select an IMR with an appropriate specialty. If you wish to have an in-person examination, the administrative director will randomly select a physician from the list of available independent medical reviewers with an appropriate specialty and within 30 miles of your residence. If you request a record review only, the administrative director will randomly select a physician with an appropriate specialty to review your records.

After selecting the IMR, the administrative director will send written notification of the name of the IMR to you, the adjuster, the IMR, and your attorney, if you have one. Your application will be sent to the IMR with your medical records from your adjuster.

If you wish to have an in-person examination, within 60 days of receiving the name of the IMR, you must contact the IMR to make an appointment. If you fail to make the appointment in time, the IMR is waived and you must file a new Application for Independent Medical Review. You should schedule the new IMR appointment within 30 days.

To withdraw your application, you must provide written notice to the administrative director and the State Fund claims adjuster.

If the IMR certifies in writing that an imminent and serious threat to your health exists, the IMR will expedite and render the report within 3 business days of the in-person examination. The administrative director may grant an extension of 3 more business days, if necessary.

What is Transfer of Ongoing Care?

If your date of injury is prior to the implementation of the MPN and you are treating with a physician outside the MPN whom you did not predesignate, you may be considered for transfer of care to an MPN physician under the following circumstances:

- Where the administrative director has found good cause to grant petitions that the primary treating physician has failed to submit timely reports per Title 8, CCR §9785.

- Where the administrative director has found good cause to grant petitions that the primary treating physician or facility is not within a reasonable geographic area per Title 8, CCR §9780.
- Where the Workers' Compensation Appeals Board (WCAB) finds that the current treatment by the non-MPN provider is inappropriate or that there is no present need for medical treatment to cure or relieve from the effects of the injury or illness.
- At your request.

You may be able to complete your treatment with your treating doctor outside the MPN in the following situations:

- An **acute condition**: For the purposes of this section, an acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and has a duration of not more than 30 days. Completion of treatment shall be provided for the duration of the acute condition.
- A **serious chronic condition**: For the purposes of this section, a serious chronic condition is a medical condition due to a disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be authorized for a period of time necessary, up to one year: (A) to complete a course of treatment approved by the employer or insurer; and (B) to arrange for transfer to another provider within the MPN, as determined by the insurer or employer. The one-year period for completion of treatment starts from the date of determination that the employee has a serious chronic condition.
- A **terminal illness**: For the purposes of this section, a terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.
- Performance of a **surgery or other procedure** that is authorized by State Fund as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days from the MPN-coverage effective date.

Your claims adjuster will notify you regarding the completion of treatment. The notification will be sent to you and a copy of the letter will be sent to your primary treating physician.

If you dispute the medical determination under this section, you may request a report from your primary treating physician that addresses whether you fall within any of the conditions set forth above.

If you or State Fund objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician concerning the transfer of care shall be resolved pursuant to Labor Code §4062.

If the treating physician agrees with State Fund's determination that your medical condition does not meet the conditions set forth above, the transfer of care shall go forward during the dispute-resolution process.

If the treating physician does not agree with State Fund's determination that your medical condition does not meet the conditions set forth above, the transfer of care shall not go forward until the dispute is resolved.

If it is determined that transfer of care is necessary, you will be notified in writing, and you will be able to choose your treating physician from the MPN. You can obtain the MPN provider list at MEDfinder at www.scif.com or by calling your State Fund adjuster.

What is Continuity of Care?

If your MPN treating physician no longer belongs to the network, you can request to continue treating with your doctor if your condition meets one of the following requirements:

- An **acute condition**: a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and has a limited duration. Completion of treatment shall be provided for the duration of the acute condition.
- A **serious chronic condition**: a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure, worsens over an extended period of time, or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the insurer or employer in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.
- A **terminal illness**: an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.

- Performance of a **surgery or other procedure** that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date.

The terminated provider must agree to the same contractual terms and conditions that were imposed upon the provider prior to termination. The terminated provider shall be compensated at rates and methods of payment similar to those used by State Fund for other providers providing similar services.

A more detailed copy of State Fund's Continuity of Care policy may be obtained upon request from your adjuster.

CONTACTS FOR MPN PROVIDER LISTS

You may obtain a regional list of MPN providers by accessing MEDfinder at www.scif.com. You may also obtain a regional list by telephoning or sending a written request to your adjuster, or by contacting the State Fund Claims Reporting Center at (888) 222-3211.

You may obtain a complete hard-copy list of all MPN providers by sending an email to scifmpn@scif.com, by calling (323) 266-5096, or by sending a written request to:

State Compensation Insurance Fund
Attention: State Fund Medical Provider Network
900 Corporate Center Dr.
Monterey Park, CA 91754

STATE FUND LOCATIONS

BAKERSFIELD

Policy (661) 664-4000
Claims (661) 664-4000

EUREKA

Policy (707) 443-9721
Claims (707) 443-9721

FRESNO

Policy (559) 433-2600
Claims (559) 433-2700

LOS ANGELES

Policy (877) 405-4545
Claims (818) 291-7000

OAKLAND

Policy (510) 577-3000
Claims (510) 577-3000

OXNARD

Policy (805) 988-5200
Claims (805) 988-5300

REDDING

Policy (530) 223-7135
Claims (530) 223-7000

RIVERSIDE

Policy (951) 656-8300
Claims (951) 656-8300

SACRAMENTO

Policy (916) 924-5072
Claims (916) 924-5100

SAN BERNARDINO

Policy (909) 384-4560
Claims (909) 384-4500

SAN DIEGO

Policy (858) 552-7000
Claims (858) 552-7100

SAN FRANCISCO

Policy (415) 974-8100
Claims (415) 974-8200

SAN JOSE

Policy (408) 363-7600
Claims (408) 363-7400

SANTA ANA

Policy (714) 565-5995
Claims (714) 565-5000

SANTA ROSA

Policy (707) 573-6400
Claims (707) 573-6500

SOUTH ORANGE

Policy (714) 347-5445
Claims (714) 347-5400

STOCKTON

Policy (209) 476-2600
Claims (209) 476-2600

CUSTOMER SERVICE CENTER

— Policy Services & Certificates of Insurance —

(877) 405-4545 toll-free
(800) 268-3635 toll-free fax

— Certificates of Insurance —

(866) 266-2071 toll-free fax

— 24-Hour Claims Reporting Center —

(888) 222-3211 toll-free
(800) 371-5905 toll-free fax

— Fraud Hot Line —

(888) 786-7372 toll-free